

2019 Moore County Community Health Assessment



Submitted to the North Carolina Department of Health and Human
Services Division of Public Health

By the

Moore County Health Department and MooreHealth, Inc.



Acknowledgements

The Moore County Health Department and MooreHealth, Inc. would like to extend our sincere appreciation to all those who contributed to the creation of this document. It is our hope that it will be used as a compass for current and future endeavors that help to protect and improve the health status of all Moore County citizens.

With deepest gratitude, we would like to thank the following organizations, in no particular order.

Moore County Board of Health

Moore County Cooperative Extension

Moore County GIS

Moore County Information Technology

Moore County Amateur Radio Society

Sandhills Community College

Partners for Children & Families of Moore County

Moore Free Care Clinic

FirstHealth of the Carolinas

Moore County Medical Reserve Corps

Moore County Chamber of Commerce

Moore County Parks and Recreation

Aberdeen Parks and Recreation

Southern Pines Parks and Recreation

Pinehurst Parks and Recreation

Moore County Public Safety

Moore County Sheriff's Department

Moore County Department of Social Services

Moore County Department of Aging

Moore County Veteran's Services

Drug Free Moore County

Moore County Schools

United Way of Moore County

On Target Preparedness

Moore County Government

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2019 Community Health Assessment Executive Summary

INTRODUCTION

Every three years the Moore County Health Department and MooreHealth, Inc. conduct a community health assessment (CHA) to identify factors that affect the health of the county and determine the availability of resources within the community to adequately address these factors. The assessment process involves reviewing health status indicators for the county, as well as additional factors that may affect the health of our citizens including education, socioeconomic issues, and the environment. This summary highlights findings from the 2019 CHA and the selected health priorities for 2020-2022. The full report can be found online at the Moore County Health Department website: moirecountync.gov/health.

On October 21st, 2019, preliminary data was reviewed and discussed by the MooreHealth, Inc. Board. Robert Wittmann, MPH, Moore County Health Director and Secretary to the Moore County Board of Health attended the meeting as a Board of Health representative. Other non-MooreHealth Board community representatives also attended the meeting to provide input.

MOORE COUNTY SELECTED HEALTH PRIORITIES FOR 2020-2022

1. Obesity

2. Behavioral Health

In each priority area, health disparities will be addressed. This is because for many health status measures, the rates are worse for minority populations compared to white populations. This holds true for Moore County, as well as North Carolina and the United States.

JUSTIFICATION

1. Data documents problems that need to be addressed.
2. The Community Opinion Survey documents awareness of concerns in the selected areas.
3. There are current (and future) resources and opportunities available to impact the problem.

NEXT STEPS

In the Spring of 2020, the MooreHealth, Inc. Board will meet and determine the leadership and membership of 2 separate sub-committees who will be charged with addressing each of the selected priority areas (obesity, behavioral health). By the summer of 2020, the sub-committees will develop action plans that will guide the work to address the health priorities over the next three years.

REASONS TO CELEBRATE

Steep Decline in Drug Overdoses

In 2017, Moore County saw its highest number of drug overdose deaths ever at 16. In 2018, the county rebounded and cut that number by 56%, reaching a low of only 7 deaths. Moore County had not seen overdose death numbers that low since 2011. From 2012-2016, Moore County averaged nearly 13 drug overdose deaths per year.

A Comprehensive Health Care Network

The health care industry sector is the largest employer in Moore County. FirstHealth of the Carolinas, Inc. is a comprehensive health care system serving 15 counties in the Mid-Carolinas. Moore Regional Hospital, located in Pinehurst, serves as the flagship hospital for FirstHealth. Moore County is fortunate to have available health care services representing a wide range of specialties. The health care industry provides a boost to the local economy and contributes to the county's popularity among retirees. For 2018, Moore County's rate of physicians was 34.6 per 10,000 population and 150 per 10,000 population for registered nurses, both highs among peer counties and both higher than state averages.

Teen Birth Rates Reach All-Time Lows

Mirroring national and State trends, Moore County's teen pregnancy rate reached a historic low of 21.9 per 1,000 residents in 2017. This was a number that was even lower than the state rate of 24.0 per 1,000 for the year. Nationwide, researchers have attributed teen pregnancy declines to increased use of birth control, the availability of more effective birth control methods like IUDs and the Implant, and a slight increase in the average age when teens first engage in sexual intercourse.

Safe Communities

Moore County is a safe place to live and work. In 2018, Moore County's index crime rate was 1686.9, a low over the past 4 years and lowest among all peer counties for the for the period of 2015-2018. Similar patterns emerge when data is broken down into specific crimes, including violent, property, murder, rape and assault rates.

Low Diabetes Mortality

Diabetes is the 7th leading cause of death in North Carolina and the 7th leading cause of death in Moore County. For the most part, Moore County residents diagnosed with diabetes have been able to manage the disease with proper care. For 2014-2018, the diabetes death rate in Moore County was 14.6 compared to 23.7 at the state level. Moore County's death rate was also lower than all peer counties. This rate has also remained consistent for the last 15 years – beating the state rate by nearly 40% on average.

AREAS OF CONCERN

Overweight & Obesity Prevalence

Obesity is of great concern to Moore County because of its direct correlation to increased risk of chronic disease. According to the most recent Professional Research Consultants (PRC) survey for 2018, conducted in conjunction with FirstHealth of the Carolinas, Moore County has a higher prevalence of overweight and obese adults when compared to North Carolina's State average. 68.9% of Moore County adults are considered overweight (BMI 25+). Further, 31.2% of Moore County adults are considered obese (BMI 30+). Essentially, this means 2 out of 3 Moore County adults is overweight and 1 out of 3 is obese.

Cancer Mortality

Cancer is the leading cause of death in Moore County and in the State. In Moore County, its also the leading killer of all adults age 40-84. Although generally cancer incidence and death rates have decreased somewhat in recent years, Moore County death rates for breast and prostate cancer remain some of the highest when compared to peer counties.

Substance Abuse

The North Carolina Department of Justice reports that Moore County averaged 198 DUI arrests from 2015-2017 – an average that was high among peer counties. Drug related arrests in Moore County have also been high when compared to peers. Moore County reached a 3 year high of 486 in 2017. Although, unintentional deaths by medication and drug overdoses have decreased in Moore County since 2017, law enforcement and health officials still express concern over continued threats. Most drug overdose deaths in Moore County, as well as other peer counties, are attributed to prescription opioid medications. According to the 2018 Moore County Community Opinion Survey, 14.9% of respondents said they did not know who to contact if themselves or a friend or family member needed help with a drug/alcohol problem. Nearly 1 in 5 respondents to the 2018 Professional Research Consultants (PRC) survey also report consuming alcohol daily.

An Aging Community

In 2018, nearly a quarter of Moore County's population (23.9%) was age 65 or older, a number that was much higher than the state average of 16.3%. Population projections for 2030 show the percentage of persons age 65 and older is expected to increase by 26.2%, the highest increase compared to any other age group in Moore County over the period. Chronic disease incidence also tends to increase as age increases, emphasizing the need for programs/initiatives geared toward older adults. Additionally, Alzheimer's is the 3rd leading cause of death in Moore County.

Health Disparities for Minorities

Minorities in Moore County are living sicker and dying younger than their white counterparts. In Moore County, minority death rates exceeded those of whites for 3 of the top 4 leading causes of death in 2014-2018. Minority death rates were 22.7% higher for heart disease, 31% higher for cancer, and a whopping 35.7% higher for stroke.

What is a Community Health Assessment?

A community health assessment (CHA) is a process by which community members gain an understanding of the health, concerns, and health care systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources, and needs. A CHA usually culminates in a report or presentation that includes information about the health of the community as it is today and about the community's capacity to improve the lives of residents. A CHA can provide the basis for discussion and action.

Why do a Community Health Assessment?

As part of the consolidated agreement between NC health departments and the NC Division of Public Health, local health departments are required to complete a comprehensive community health assessment every four years. The CHA is also required for local health department accreditation through the North Carolina Local Health Department Accreditation Board.

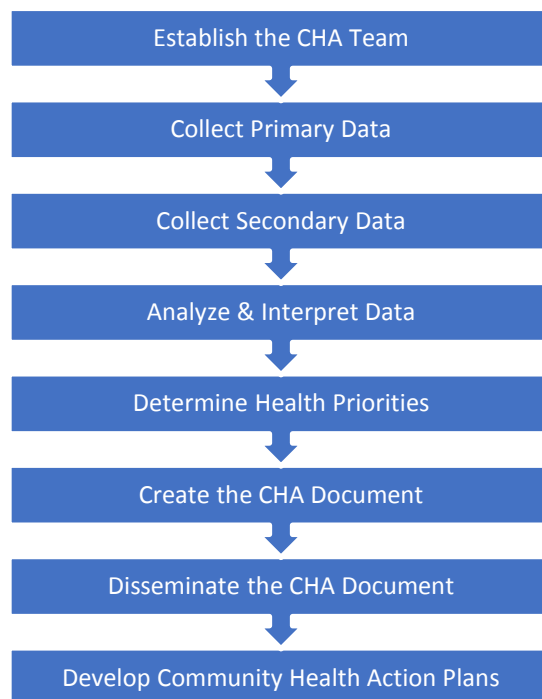
The CHA enables local public health officials and the community an opportunity to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. Through collaborative efforts, public health agencies, community leaders, hospitals, private practitioners, businesses, local citizens and others can begin to answer key questions such as (a) "What are the strengths in our community?" (b) "What health concerns do community members have?", and (c) "What resources are available and what do we need in the community to address these concerns?"

Overview of the Assessment Process

The Moore County Health Department and MooreHealth, Inc. (formerly Moore County's Healthy Carolinians Partnership) worked collaboratively to complete the Moore County CHA. MooreHealth is a volunteer community organization made up of nearly 20 member agencies that is committed to developing cooperative planning that promotes health and improves the quality-of-life for the residents of Moore County. Within MooreHealth, Inc., A CHA Steering Committee/team was organized in November 2018. The team met to develop a work plan and timeline, and guided the process throughout the year.

Data Collection and Methodology

This report was generated by utilizing both primary and secondary data sources. Primary data is data that is collected firsthand. Most often, primary data is used to capture a community's voice in the form of opinion surveys, interviews, or with focus groups. Secondary data is data that was originally collected by someone else. Secondary data can be collected by local groups or agencies such as hospitals, schools, or



law enforcement. It can also come from state agencies such as the State Center for Health Statistics (SCHS).

Primary Data

Community Health Opinion Survey

Input from the community was obtained through a 44-question community health survey. The survey was made available online and paper copies of the survey were distributed to residents of Moore County, NC who were 18 years of age or older using the convenience sampling method. Data collection and analysis took place from December 2018 – November 2019. A total of 800 surveys were distributed and 528 were completed (66% response rate). A copy of the final survey tool (English and Spanish) can be found in Appendix A and B of this document. Data was tabulated, refined, and analyzed by the MooreHealth CHA Steering Committee. Results of the survey are presented throughout the document and also detailed in Appendix C.

Secondary Data

Secondary data was gathered from a wide range of sources and extensive efforts have been made to cite data sources throughout this document. Major sources of secondary data include the North Carolina State Center for Health Statistics, North Carolina Department of Health & Human Services, Centers for Disease Control and Prevention (CDC), Cecil G. Sheps Center for Health Services Research and the US Census Department.

Peer County Data

As applicable, Moore County statistics have been compared to state statistics and with peer county statistics. Peer counties were identified based upon age, race and poverty characteristics and are selected from a group of counties within the same population range as Moore county. For Moore County the following four peer counties were identified: Carteret, Chatham, Haywood, and Stanly.

Professional Research Consultants (PRC) 2018 Community Health Survey

Also utilized throughout this document is data from the 2018 PRC Community Health Survey. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994. The survey instrument used for the study was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The sample design used for this effort consisted of a random sample of 511 individuals age 18 and older in the various zip code regions of Moore County, NC via a landline phone interview.

Report Dissemination

The 2019 Moore County Community Health Assessment will be posted to the Moore County and Moore County Health Department website (www.moorecountync.gov/health). Hard Copies will be made available at the Health Department and Moore County Public Library. In addition, presentations of report findings will be made to various community stakeholders.

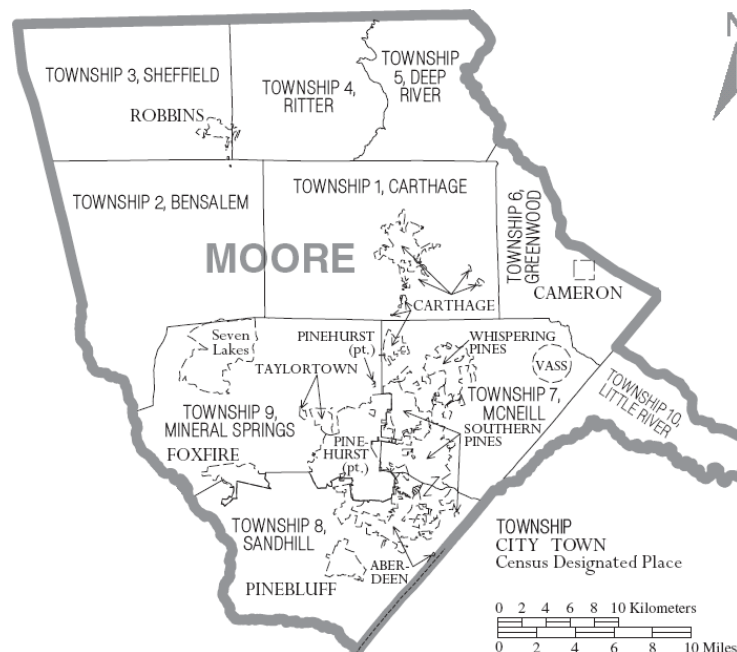
Moore County Community Profile

Geography, Location, and Municipalities

Moore County has a land area of 698 square miles and is situated on the border of North Carolina's piedmont and coastal plain regions. It is the 17th largest NC county by area. Moore County is in the south-central region of the State and is bordered by Cumberland, Harnett, Hoke, Scotland, Richmond, Montgomery, Randolph, Chatham, and Lee counties. Commonly referred to as a segment of the Sandhills region, it is approximately a one-hour drive from Raleigh, the state capital.



There are eleven incorporated municipalities in Moore County. Carthage, the county seat, was incorporated in 1796. Other municipalities include Aberdeen, Cameron, Robbins, Taylortown, Vass, the Village of Pinehurst, Pinebluff, Southern Pines, Foxfire Village, and Whispering Pines. There are also ten unincorporated municipalities in Moore County: Eagle Springs, Eastwood, Glendon, High Falls, Jackson Springs, Jugtown, Lakeview, Seven Lakes, West End, and Woodlake.



County Demographics

Population

In 2018, Moore County had an estimated population of 98,682 with a population density of 126.5 persons per square mile. Moore County's population has increased by 11.8% from the time of the 2010 census to July 2018. Comparatively, over the same period (2010-2018), North Carolina's population has increased by 8.9%. By 2030, Moore County's population is projected to reach 119,674.

Moore County Population by Decade 1990-2030				
1990	2000	2010	2020 (Projected)	2030 (Projected)
59,013	74,768	88,247	102,950	119,674

Source: US Census Bureau (1990, 2000, 2010), NC Office of State Budget & Management (Projections)

Diversity

According to the US Census Bureau's 2018 population estimates, as the graphic to the right shows, Moore County's ethnic make-up is predominately white (83.1%). Moore County's percentage make-up of all other ethnicities are lower than those of the State.

Ethnicity	Moore	NC
White	83.1%	70.6%
African American	12.2%	22.2%
Am. Indian/Alaska Native	0.9%	1.6%
Asian	1.6%	3.2%
Hawaiian/Pacific Islander	0.2%	0.1%
Two or More Races	2.1%	2.3%
Hispanic/Latino	6.8%	9.6%

Age Distribution

While age distribution percentages for persons under age 5 years and 18 years are fairly consistent with the state, nearly 1/4th of Moore County is age 65 or older, a figure that is nearly 32% higher than the state average.

Age Distribution	Moore County	North Carolina
Persons Under 5 Years, percent 2018	5.8%	5.9%
Persons Under 18 Years, percent 2018	21.3%	22.2%
Persons 65 Years and Older, percent 2018	23.9%	16.3%

Source: US Census Bureau

Educational Attainment

According to the US Census Bureau's American Community Survey estimates for 2018, of the Moore County population 25 years and older, roughly just under 10% do not have a high school diploma or GED equivalent, 90.4% are high school graduates (or equiv.), and 36.9% have earned a bachelor's degree or higher with both figures being higher than those of the state.

Education Level – Residents ≥ 25 Years	Moore County	North Carolina
Percent high school graduate or higher	90.4%	87.8%
Percent bachelor's degree or higher	36.9%	30.5%

Source: American Community Survey, 2014-2018

Commerce/Economy

The top three private industry sectors for Moore County are healthcare, hospitality, and retail. FirstHealth of the Carolinas is Moore County's largest employer with well over 3,000 employees. FirstHealth of the Carolinas is a regional healthcare system that is based in Moore County.

2018 Industry Sectors	# Employed	% to Total Empl.	Avg. Weekly Wage
Total All Industries	31,645	100%	\$756.93
Healthcare	9,457	29.9%	\$1,000.67
Hospitality	6,874	21.7%	\$371.06
Retail	4,651	14.7%	\$488.12
Services	2,562	8.1%	\$1,075.21
Construction	1,562	4.9%	\$931.41
Manufacturing	1,758	5.6%	\$801.17
Agriculture	217	0.7%	\$703.97

Source: Moore County Partners in Progress

Disability Status

According to the US Census Bureau 2014-2018 American Community Survey, 10.1% of the Moore County population under the age of 65 lives with some form of disability. This is slightly higher than that of the State percentage at 9.5%.

Life Expectancy

Life Expectancy is the average number of additional years that someone at a given age would be expected to live if he/she were to experience throughout life the age-specific death rates observed in a specified reference period. According to the 2016-2018 Life Expectancies Report issued by the NC State Center for Health Statistics, babies born in Moore County are expected to live an average of 79.3 years. Moore County females have a higher life expectancy (82.0 years) than their male counterparts (76.6 years). Additionally, whites living in Moore County (80.0 years) have a higher life expectancy than African Americans (75.0 years). Compared to the state and peer county averages (Carteret, Chatham, Haywood, Stanly) Moore County has higher life expectancies in all but one category, African American life expectancy.

Moore County, Peer Counties, and North Carolina Life Expectancy (LE) for Babies < 1, 2016-2018					
	Total LE	Male LE	Female LE	White LE	Afr. Amer. LE
Moore County	79.3	76.6	82.0	80.0	75.0
Peer County Avg.	78.0	75.1	80.8	78.2	77.5
North Carolina	78.0	75.4	80.5	78.8	75.8

Source: NC State Center for Health Statistics, 2016-2018

2019 Moore County Community Health Opinion Survey – Key Findings

Community

87% of respondents rated Moore County as a “good” or “excellent” place to live.

Demographics

Moore County residents who participated in the survey...

- 78.4% lived in Moore County either 10+ years or their whole life
- 67.8% were female, 32.2% were male
- 4.4% were Hispanic, 13.2% were African American, 0.7% were Native American, and 5.5% were Other
- 27% were high school graduates/GED Equiv. and 35.7% held at least a bachelor’s degree or higher
- 38.2% were either employed part/full time, 13.3% were retired, and 9.9% were unemployed
- 87% had internet access or owned a smartphone
- 55.4% were members of a faith organization

Age Distribution

Age distribution of Moore County residents who participated in the survey...

Age Range	Percent
18 - 24	4.9%
25 – 34	12.8%
35 – 44	17.9%
45 – 54	23.6%
55 – 64	18.0%
64 – 74	16.2%
75 or older	6.6%



Quality of Life Factors

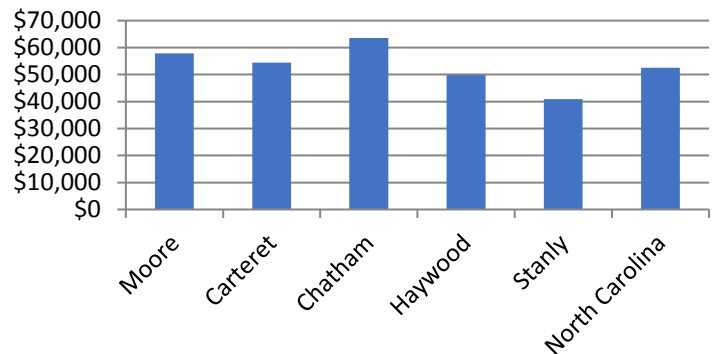
Socioeconomic Factors
Education
Crime
Recreation
Transportation
Healthcare
Aging Resources
Air & Water Quality

Socioeconomic Factors

Median Household Income

The US Census Bureau (2014-2018) reports that the median household income for Moore County was \$57,899. This is slightly higher than that of the state which averaged \$52,514. Haywood and Stanly had median household incomes lower than the state. Chatham County had the highest median household income at \$63,531, followed by Moore.

Median Household Income 2014-2018

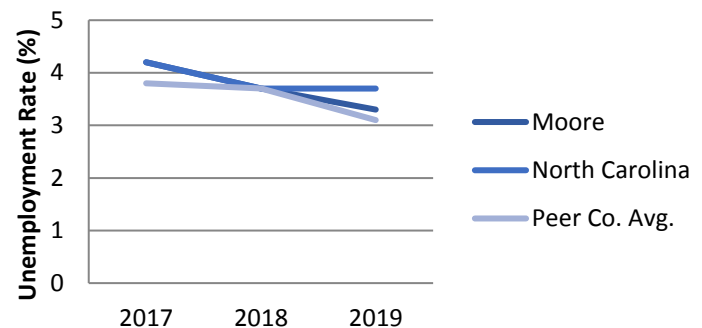


Source: US Census Bureau

Unemployment

The Bureau of Labor Statistics reports that over the 3-year period from 2017-2019, Moore County's unemployment rate has been consistent with the state rate. Since 2017, Moore County's unemployment rate has been on a decline, dropping from 4.2% in 2017 to 3.3% in 2019. Conversely, the cumulative averages for the 4 peer counties were lower than Moore County for the entire period.

Unemployment Rates 2017-2019



Source: Bureau of Labor Statistics

Poverty

The US Census Bureau reports that 10.5% of Moore County's population (2014-2018) is below the poverty level. Comparatively, this is less than the state percentage of 14.0% and among peer counties, only Carteret and Chatham have lower percentage at 9.8% and 9.3%, respectively.

Persons (%) Below Poverty Level 2014-2018

County/State	Persons (%) Below Poverty Level
Moore	10.5%
Carteret	9.8%
Chatham	9.3%
Haywood	13.1%
Stanly	13.2%
North Carolina	14.0%

Source: US Census Bureau

Medicaid Enrollment

As evidenced in the table to the right, Medicaid enrollment has increased slightly in Moore County over the period of 2016-2018. A similar trend is also evident for other peer counties. Over the 3-year period, Chatham County posted the lowest total enrollment while Haywood posted the highest.

Percent Enrolled in Medicaid 2016-2018			
	2016	2017	2018
Moore	17.4%	18.3%	18.5%
Carteret	19.3%	19.6%	19.3%
Chatham	14.7%	14.9%	15.1%
Haywood	25.5%	25.8%	25.6%
Stanly	22.8%	23.1%	22.9%

Source: NC Dept. of Health & Human Services

Free and Reduced Lunch

In the 2017-2018 school year, 42.6% of Moore County school children were enrolled in the Free and Reduced Lunch program. In the figure to the right, according to the NC Department of Public Instruction, Moore County's rate was the lowest among peer counties and lower than the state rate. To be eligible for free lunch under the National School Lunch Act students must live in households earning at or below 130 percent of the Federal poverty guidelines. To be eligible for reduced price lunch, students must live in households earning at or below 185 percent of the Federal poverty guidelines.

Percent of Children Enrolled in Free or Reduced Lunch, 2017-2018	
Moore	42.6%
Carteret	43.2%
Chatham	50.1%
Haywood	56.8%
Stanly	54.6%
North Carolina	59.4%

Source: Kids Count Data Center

Health Insurance Coverage

As demonstrated in the table on the right, for 2018, Moore County had the second lowest percentage of residents who were not covered by health insurance (11.9%). Moore County was also lower than the State average of 12.7%. Chatham County ranked highest among peer counties, having 14.2% of the population without any form of health insurance coverage.

Percent Population without Health Insurance Coverage, 2018 (< age 65)	
	No Coverage
Moore	11.9%
Carteret	12.7%
Chatham	14.2%
Haywood	12.0%
Stanly	10.8%
North Carolina	12.7%

Source: US Census Bureau

Education

Moore County currently has 24 public education schools; consisting of 15 elementary, 5 middle, 3 high schools and 1 technical/alternative school. In addition, there are 2 charter schools, 6 private schools, and one community college. The Moore County Public School system offers a comprehensive K-12 curriculum that includes workforce development, and programs for special needs, gifted students, and arts education. All three high schools offer Advanced Placement courses, and Pinecrest High School also offers the International Baccalaureate Program.

Moore Co. Schools Enrollment, 2018-2019	
Elementary	5,643
Middle	2,896
High	4,126
Total	12,856

Source: NC Department of Public Instruction

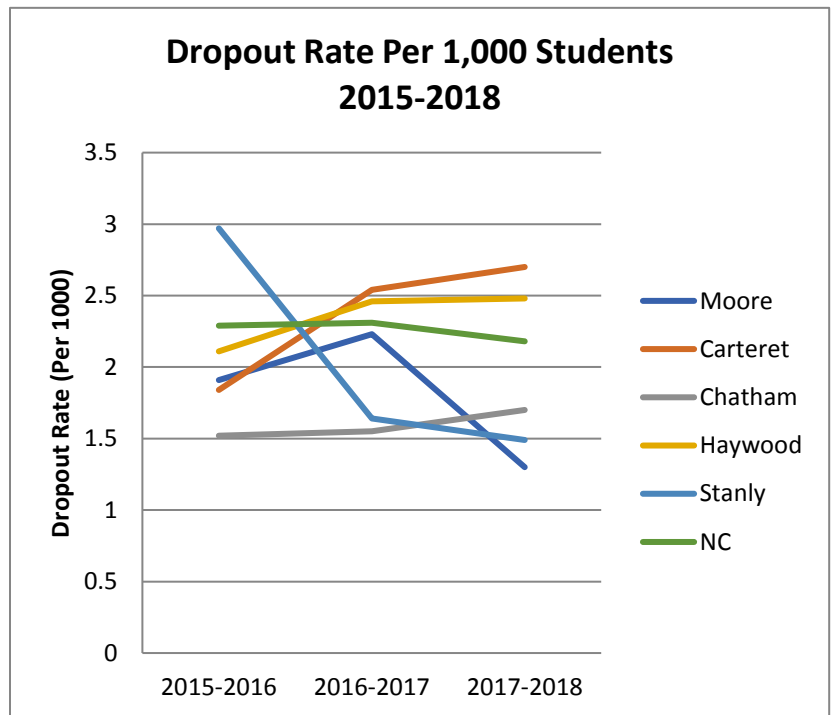
Sandhills Community College (SCC), is a two-year institution of higher education that provides three college transfer degrees including an Associate in Arts, Associate in Science and Associate in Fine Arts. SCC is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, and is a member of the North Carolina Community College System. The main campus of SCC is located in Pinehurst. Two satellite campuses are located in Raeford and Robbins. In addition, St. Andrews College in Laurinburg and the University of North Carolina at Pembroke each have a satellite campus at Sandhills.

Dropout Rate

In 2017-2018, Moore County's dropout rate per 1,000 students was 1.3, the lowest rate for the 3-year period among peer counties.

As shown in the chart to the right, Moore County experienced the sharpest decline in dropout rate from 2016-2018 when compared to peer counties. Its rate has also remained lower than the state average.

Stanly County charted the highest dropout rate for all counties of the period at 2.97 during the 2015-2016 school year.



Source: NC Department of Public Instruction

SAT Scores

The scholastic aptitude test (SAT) is one of two standardized college admissions tests in the US (the other being the ACT). Widely considered an effective measurement of intellectual potential and college readiness, most colleges and universities use SAT scoring as part of their admission criteria.

Moore County's 3 high schools consistently met or exceeded the state and national averages (out of a maximum score of 1600) for the past 3 years.

Additionally, Moore County students scored consistently

above Peer County averages, apart from Carteret County, which topped all peer counties from 2017-2019.

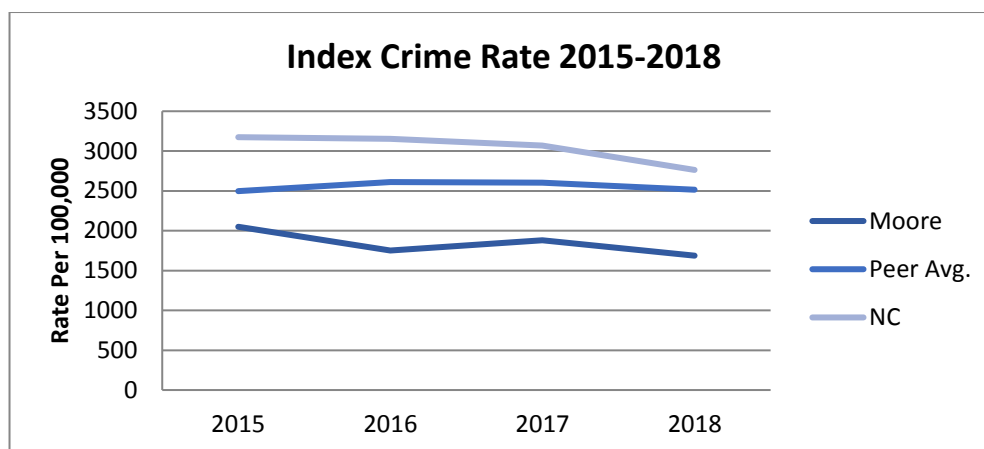
SAT Scores 2017-2019			
	2017	2018	2019
Moore	1097	1117	1121
Carteret	1182	1175	1177
Chatham	1063	1068	1083
Haywood	1086	1093	1090
Stanly	1036	1053	1030
North Carolina	1074	1090	1091
United States	1044	1049	1039

Source: NC Department of Public Instruction

Crime

Index Crime Rate

Index crime includes the total number of violent crimes and property crimes. In 2018, Moore County's index crime rate was 1686.9, a low over the past 4 years and a lowest among all peer counties for the period. Compared to the state and peer counties, Moore County's index crime rate has remained substantially lower from 2015-2018.

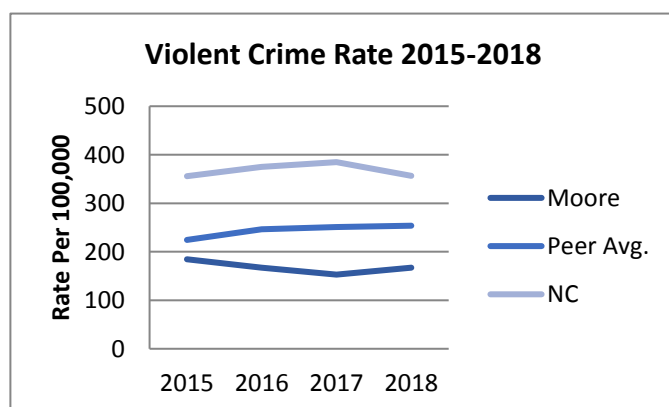


Source: North Carolina State Bureau of Investigation

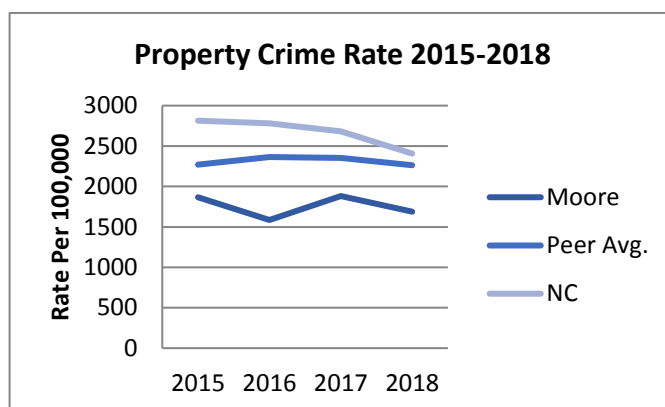
Violent Crime and Property Crime Rates

Violent Crime includes the offenses of murder, rape, robbery, and aggravated assault. Property Crime includes the offenses of burglary, larceny, and motor vehicle theft.

When broken down individually, Moore County's violent and property crime rates were also consistently lower over the period. In 2018, Moore County's violent crime rate and property crime rates were 167.0 and 1,686.9 (per 100,000), respectively. Moore County rates have remained lower than state and peer counties over the period of 2015-2018.



Source: NC State Bureau of Investigation



Juvenile Crime

Juvenile crime rates are comprised of delinquent offenses committed by children age 6 to 15. Moore County's juvenile crime rate in 2018 was 19.9 per 1,000, a number that was higher than the state rate and higher than all other peer counties.

Moore County's juvenile crime rate was 33% higher than the lowest charting peer county, Carteret at 13.03 per 1000.

Juvenile Crime Rate, Age 6-15, 2018 (Per 1,000)	
Moore	19.9
Carteret	13.3
Chatham	14.2
Haywood	15.2
Stanly	15.0
North Carolina	16.2

Source: NC Department of Juvenile Justice

Driving Under the Influence (DUI)

The North Carolina Department of Justice reports that from 2015-2017, arrests for driving under the influence (DUI) in Moore County have been consistent. The highest total for the period for Moore was 209 arrests in 2016. As shown in the graphic to the right, when compared to peer counties, Moore County's DUI arrests have been

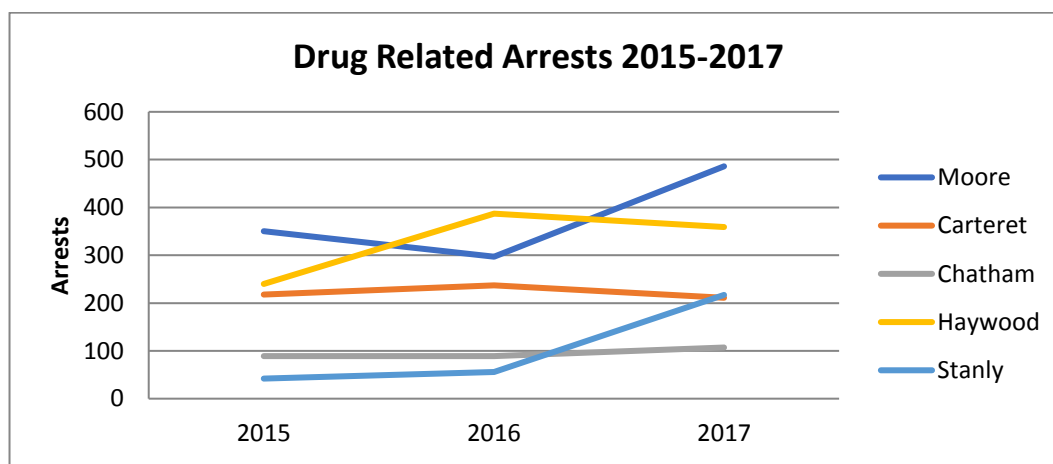
DUI Arrests, 2015-2017			
	2015	2016	2017
Moore	208	209	177
Carteret	398	402	307
Chatham	59	46	37
Haywood	139	132	73
Stanly	90	72	55

Source: North Carolina Department of Justice

consistently higher over the period, except for Carteret County which averaged 369 DUI arrests from 2015-2017. Moore County has averaged 198 DUI arrests from 2015-2017. Chatham County posted the lowest average at just 47 arrests per year for the 3-year period.

Drugs Related Arrests

The Moore County Sheriff's Department reports that drug related arrests reached a 3 year high of 486 in 2017. Moore County drug arrest numbers have also been much higher than those of peer counties. Moore County Sheriff's Office data indicates that the most abused drugs are marijuana and opiate-based pain medication. Heroin and methamphetamine use have been resurgent in Moore County in recent years as well.



Source: NC Department of Justice

As indicated in the above graph, Moore County paced all peer counties in drug arrests from 2015-2017, except for only Haywood County in 2016. For the 3-year period Moore County averaged 378 drug related arrests per year, this was the highest average among peer counties. Chatham County had the lowest average at 95 per year from 2015-2017.

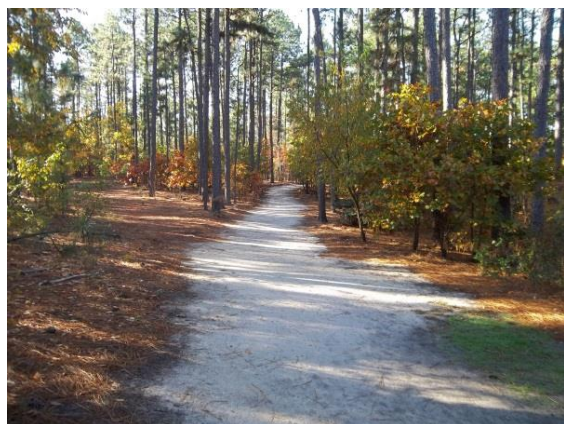
Recreation and Fitness Opportunities

Moore County offers a variety of recreational and cultural opportunities for residents of all ages. In addition to golf, for which the area is most well-known. There are hiking, bicycling, canoeing, hunting and fishing activities for residents and visitors to enjoy. Equestrian enthusiasts can find an array of riding and equine resources and services. Moore County, Southern Pines, Aberdeen and Pinehurst have parks and recreation departments that provide programs and facilities for residents. Greenway trail systems have been developed in both the Town of Southern Pines and the Village of Pinehurst. All told, more than 15 miles of nature trails are available for hiking, biking, walking, running, and nature observation.



Baseball & Softball at Hillcrest Park

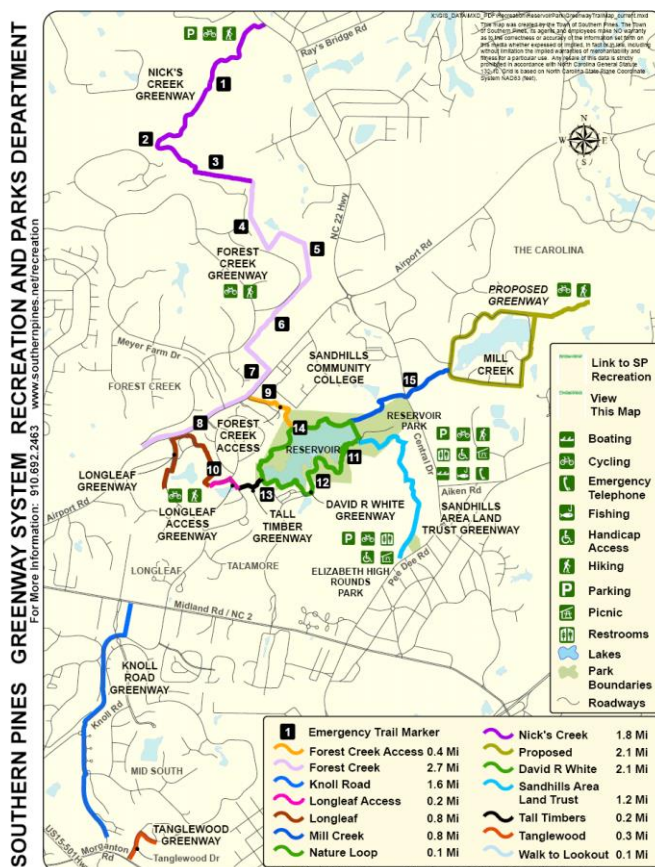
Moore County residents of all ages have several opportunities to take part in organized athletics. Many recreational and athletic services, special events and programs are available for toddlers, youth, adults and senior citizens. Sandhills Community College also has a thriving athletic program, offering its student body the chance to participate in several major sports.



Martin Park is a 50 acre dog park in Southern Pines



The world-famous Pinehurst No. 2 golf course



A map of the Southern Pines Greenway System. To download, visit www.southernpines.net/recreation

Transportation

Highways

Moore County can be reached directly by U.S. Highways 1 and 15-501 and NC Highways 24/27, 211, and 73. Smaller Moore County highways include 705, 22, 2, and 5. Interstates 95, 85, and 40 are all readily accessible in less than one hour.

According to the US Census Bureau's American Community Survey for 2014-2018, the average travel time to work for Moore County residents is 24.4 minutes. This is consistent with North Carolina's statewide average of 24.5 minutes.

Air Travel

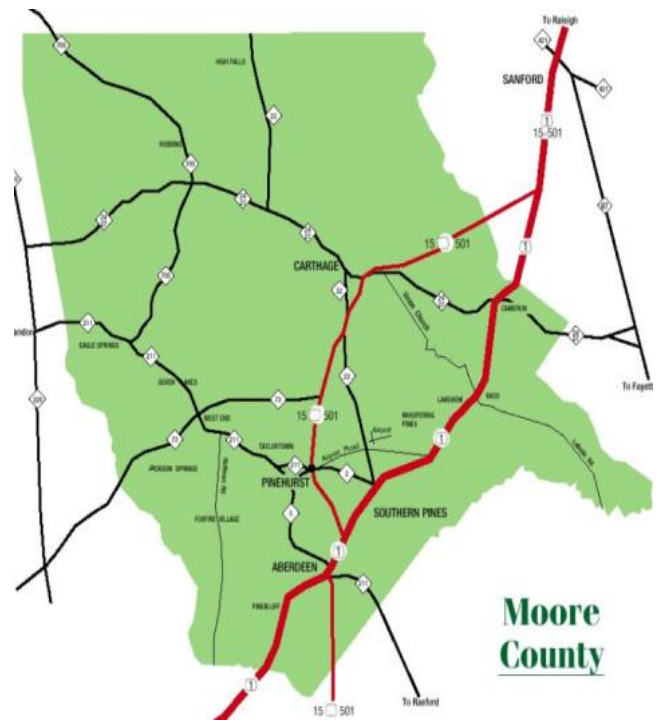
The Moore County Airport is located just outside of Carthage, near the Whispering Pines community. The facility itself covers 500 acres and has one runway which stretches to approximately 5,503 feet. Although the airport no longer offers commercial flights, it is still used for general aviation and offers a full range of services for private aircraft, as well as for passengers and pilots. Other airports outside of Moore County that are accessible within one to two hours are the Piedmont Triad International Airport, Raleigh-Durham International, Fayetteville Regional Airport and Charlotte-Douglas International Airport.

Rail

Passenger rail transport in Moore County is provided by Amtrak. The Southern Pines Amtrak Station is located in the heart of downtown Southern Pines and offers daily service on the Silver Star rail line which runs from New York, NY to Miami, FL. The closest connecting rail stations are located in Cary, NC (to the north) and Hamlet, NC (to the south).

Moore County Transportation Services

Moore County Transportation Services (MCTS) provides county-wide transportation services on an advanced reservation basis to older adults, persons with disabilities, limited general public individuals, and human service agencies. Limited out-of-county transport services are also available. Some MCTS vehicles are equipped with special accessibility features. MCTS drivers are trained in first aid, CPR, defensive driving and in other safety-related areas.



Moore County Transportation Services (MCTS) vehicle.

Healthcare

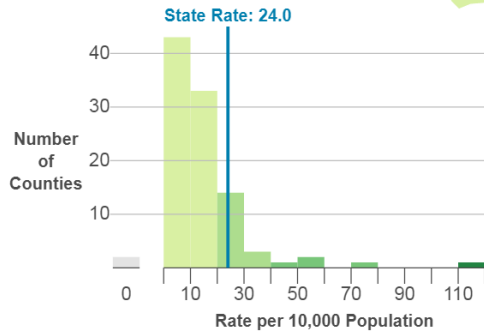
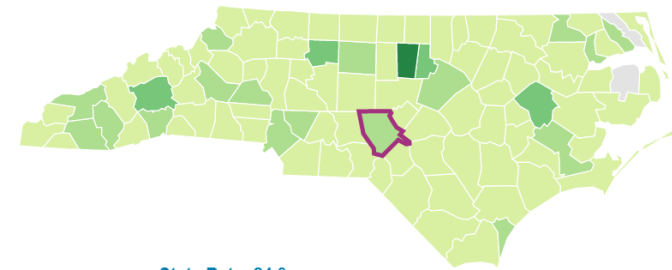
Healthcare Providers

Moore County is very fortunate to have excellent medical resources available to serve the citizens of Moore County and surrounding counties. The Cecil G. Sheps Center for Health Services Research, North Carolina Health Professions 2018 Data Book reports the following information for the number of health professionals in Moore County.

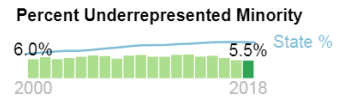
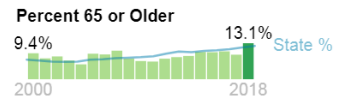
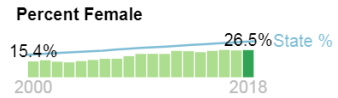
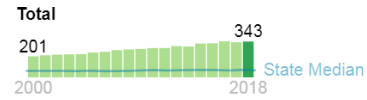
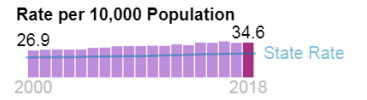
Health Care Professionals	Number in Moore County, 2018
<i>Physicians</i>	
Total Physicians (Non Federal)	343
<i>Primary Care Physicians</i>	73
Family Practice	18
Internal Medicine	27
OB/GYN	14
Pediatrics	13
Psychiatrists	16
<i>Dentists and Dental Hygienists</i>	
Dentists	76
Dental Hygienists	80
Orthodontists	5
Periodontists	1
Oral Surgeons	6
<i>Nurses</i>	
Registered Nurses	1,485
Nurse Practitioners	84
Certified Nurse Midwives	0
Clinical Nurse Specialists	3
Certified Registered Nurse Anesthetists	44
Licensed Practical Nurses	298
<i>Other Health Professionals</i>	
Chiropractors	14
Occupational Therapists	47
Occupational Therapy Assistants	20
Optometrists	15
Pharmacists	116
Physical Therapists	108
Physical Therapist Assistants	48
Physician Assistants	114
Podiatrists	3
Practicing Psychologists	21
Psychological Associates	7
Respiratory Therapists	78

Source: Cecil G. Sheps Center for Health Services Research

Physicians per 10,000 Population by County, North Carolina, 2018



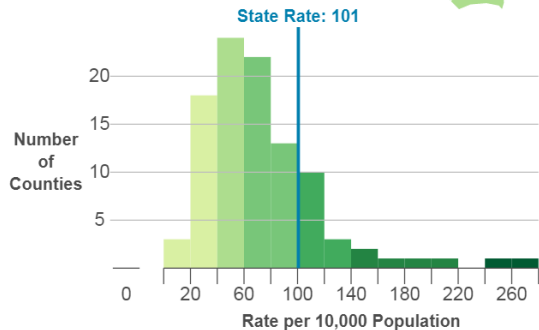
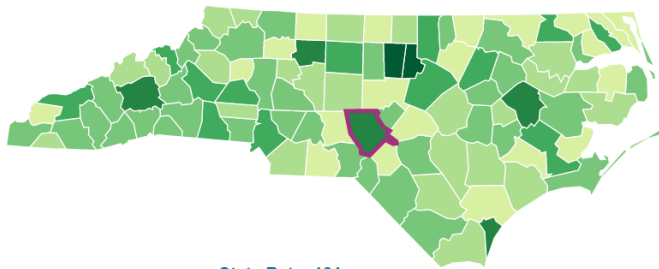
Profession Demographics for Moore County



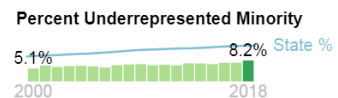
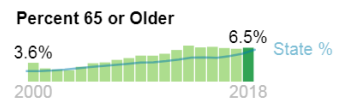
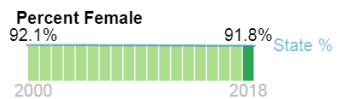
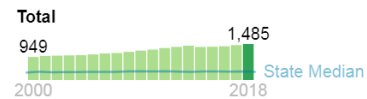
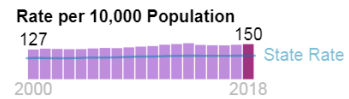
SHEPS HEALTH WORKFORCE NC

Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created February 28, 2020 at <https://nchealthworkforce.unc.edu/supply/>.

Registered Nurses per 10,000 Population by County, North Carolina, 2018



Profession Demographics for Moore County



SHEPS HEALTH WORKFORCE NC

Notes: Data include active, licensed registered nurses in practice in North Carolina as of October 31 of each year. Registered nurse data are derived from the North Carolina Board of Nursing. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created February 28, 2020 at <https://nchealthworkforce.unc.edu/supply/>.

As demonstrated in the maps above, ratios (per 10,000) for Moore County physicians and registered nurses are considered high in relation to the state and other counties. For 2018, Moore County's rate of physicians was 34.6 per 10,000 population and 150 per 10,000 population for registered nurses.

Aging Resources

Considering that Moore County has a high population of adults age 65 and older (nearly ¼ of the total population) resources for older adults are very important.

Moore County Department of Aging

The Moore County Department of Aging was created in 1984 to provide services that promote the well-being of older adults. The agency serves those 60 years of age and over. Among the services offered are transportation for medical and general activities (shopping, nutrition, human service needs), in-home aide services (lvls. 1-3), caregiver support, and Medicare counseling. Other programs include home improvements/repair, group exercise/fitness, and nutrition programs, including both congregate and home-delivered meals.

Moore County Senior Enrichment Center

The Moore County Senior Enrichment Center, located in West End, not only serves as the headquarters for the Moore County Department of Aging, its also a place where older Moore County residents (50+) can go for recreation, fellowship, and a wealth of other activities. The center has a grand ballroom - which is used for group activities, fairs, and other events, a fitness center, and an indoor walking track. The center also hosts education sessions for seniors throughout the year. Topics include nutrition, safety, resources for older adults, and other issues that are important to seniors.



The Moore County Senior Enrichment Center

Housing/Retirement Communities/Assisted Living Communities/Nursing Homes

A residential community that offers a continuum of care-from independent living and assisted-living, to nursing home care is commonly known as a retirement community. In retirement communities, individuals are offered an independent living lifestyle with the security of knowing supportive and health care services are available if needed. As of 2018, Moore County had 11 unique retirement communities.

An assisted living residence is any group housing and services program for two or more unrelated adults, by whatever name it is called, that makes available, at a minimum, one meal a day and housekeeping services and provides personal care services directly or through a formal written agreement with one or more licensed home care or hospice agencies. Settings in which services are delivered may include self-contained apartment units or single or shared room units with private or area baths. As of 2018, in Moore County there were 8 assisted living communities.



Fox Hollow Assisted Living Community

A skilled nursing facility is a nursing home that provides 24 hour-a-day nursing services for a person who has serious health care needs but does not require the intense level of care provided in a hospital. Rehabilitation services may also be provided. Many of these facilities are federally certified, which means they may participate in Medicaid or Medicare programs. As of 2018, Moore County had 6 nursing homes.

Additionally, as of 2018, Moore County had 3 subsidized housing communities specifically designated for adults age 62 and older. Subsidized housing is a housing program for people with low-income. Generally, residents pay 30 percent of their adjusted monthly income for rent.

Adult Day Care Services – The Retreat

Located in Aberdeen, the Retreat supports the health, nutritional, social, and daily living needs of seniors in a professionally staffed, group setting. Adult day services benefit care partners by enabling them to remain in the workforce as well as providing them with direct services. As an alternative or supplement to in-home care and an alternative to moving to assisted living or a nursing home to receive care, The Retreat enables continued community-based living for individuals with physical and cognitive limitations and provides respite for their care partners. The facility is open Monday through Friday and participants can choose which days of the week they stay.



The Retreat offers adult day care services

Air Quality

The Air Quality Index (AQI) is an index for reporting daily air quality. It measures how clean or polluted the air is. To calculate AQI, the Environmental Protection Agency (EPA) tracks five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution, carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each of these pollutants, the EPA has established national air quality standards to protect public health.

The AQI runs from 0 to 500. The higher the AQI value, the greater the level of air pollution and the greater the health concern. An AQI value of 100 generally corresponds to the national air quality standard for the pollutant, which is the level EPA has set to protect public health. AQI values below 100 are generally thought of as satisfactory. When AQI values are above 100, air quality is considered to be unhealthy for certain sensitive groups of people, then for everyone as AQI values get higher. Air quality is measured by monitors that record the concentrations of the major pollutants at more than a thousand locations across the country. These raw measurements are then converted into AQI



Moore County is part of the NCDQA's Fayetteville region.

values using standard formulas developed by EPA. Moore County is part of the NC Division of Air Quality's Fayetteville Region and the closest monitoring site is in Candor, NC (Montgomery County).

The table below shows AQI data from the Candor monitoring site for the previous four years. For 2015-2018, on days when AQI was recorded, air quality was "good" for 89.5% of the period, "moderate" for 10.5%, and was never considered "unhealthy" for any one day during the measured four-year period.

Fayetteville Region Air Quality Index (Monitoring Site – Candor, NC), 2015-2018					
		Number of Days When Air Quality Was...			
Year	# Days with AQI	Good	Moderate	Unhealthy for Sensitive Groups	Unhealthy
2015	362	306	56	0	0
2016	365	324	41	0	0
2017	365	343	22	0	0
2018	363	329	34	0	0
TOTAL	1,455	1,302 (89.5%)	153 (10.5%)	0 (0%)	0 (0%)

Source: Environmental Protection Agency, AirData

Smoking/Tobacco Regulations

Moore County citizens are progressively gaining more protection from secondhand smoke. Several of Moore County's major institutions and businesses have adopted smoking/tobacco policies in recent years.

- **Minimum Legal Age Raised to 21:** As of December 20, 2019, it is now a violation of federal law for any retailer to sell any nicotine or tobacco products to anyone under the age of 21.
- **100% Tobacco Free Schools:** Moore County's Tobacco Free School Policy prohibits all tobacco use everywhere on campus and at school-sponsored events, at all times.
- **FirstHealth of the Carolinas:** Beginning July 4, 2004, FirstHealth of the Carolinas implemented a tobacco free campus policy. The policy prohibits the use of tobacco products of any kind on any FirstHealth campus, which includes Moore Regional Hospital and all other FirstHealth property.
- **Smoke Free County Government:** As of January 1, 2008, the Moore County Government adopted the Smoke Free County Government Policy, making all Moore County governmental property smoke free. In 2011, the Moore County Health Department expounded upon the county policy by enacting a policy for the general public that prohibits tobacco use within 50 feet of its facility. In 2014, the Moore County Health Department also prohibited the use of e-cigarettes and "vaping" devices.
- **Smoke Free Restaurants & Bars:** As of January 2, 2010, nearly all restaurants and bars in North Carolina, and many lodging establishments, are smoke-free, thanks to N.C. General Statute 130A-497, otherwise known as North Carolina's Smoke-Free Restaurants and Bars Law. Additionally, the Moore County Environmental Health Division began an award program in 2010 (Moore Healthy Dining) that recognizes



Moore County restaurants that provide clean/safe environments, offer healthy food choices and don't allowing smoking on their premises (including outdoors).

- **Smoke Free Public Housing:** The office of Housing and Urban Development (HUD) issued a final rule effective February 3, 2017 stating that each Public Housing Authority (PHA) must implement a “smoke-free” policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings. The smoke-free policy also extends to all outdoor areas up to 25 feet.

- **Village of Pinehurst:** In the summer of 2012, the Village of Pinehurst banned tobacco use at virtually all of its outdoor recreational facilities. This included all parks, playgrounds, athletic fields, and greenway trails. The lone exception to the ban was the Pinehurst Harness Track.

Water Quality

The following table displays a listing of public water systems in Moore County along with the number of health-based violations for each system during the period from 2015-2018. To warrant a health-based violation, either the water was not treated properly or the amount of contaminant must have exceeded safety standards set for the MCL. These statistics are based on violations reported by the state to the EPA Safe Drinking Water Information System. As the table shows, overall, Moore County drinking water is very safe. Of the 13 “small” (serving 501-3,300) to “large” (serving 10,001- 100,000) public water systems in Moore County, 8 (61.5%) had no violations over the span of 2015-2018. The systems with the most violations over the period were the Town of Carthage (21) and the Town of Pinebluff (6).

Water System Name	Population Served	Primary Water Source Type	# of Health Viol. 15'-18'
Town of Aberdeen	10380	Groundwater	0
Town of Carthage	4216	Surface water	21
East Moore Water District	6436	Purch. Surface Water	0
Town of Foxfire Village	1422	Groundwater	0
Moore Co. Public Utilities - Pinehurst	20947	Purch. Surface Water	0
Moore Co. Public Utilities – Seven Lakes	6756	Purch. Surface Water	0
Moore Co. Public Utilities - Vass	1549	Purch. Surface Water	1
Town of Pinebluff	2054	Groundwater	6
Robbins Water System	1579	Purch. Surface Water	1
Town of Southern Pines	21121	Surface Water	0
Town of Taylortown	904	Groundwater	1
Whisp. Pines Development	4178	Purch. Surface Water	0
Woodlake Water & Sewer	1945	Purch. Surface Water	0

Source: Environmental Protection Agency, Safe Drinking Water Information System (SDWIS)

2019 Moore County Community Health Opinion Survey – Key Findings

Community Issues

The top 5 community-wide issues that Moore County residents identified as having the largest impact on the quality of life in Moore County were...

1. Low Income/Poverty
2. Lack of Recreational Facilities
3. Availability of Positive Teen Activities
4. Affordability of Health Services
5. Lack of Transportation Options

Health Insurance

- 11% of survey respondents did not have health insurance.
- 54.8% have private insurance.
- Of those who said they did have health insurance, the main concerns they had with their coverage were high deductibles, high prescription costs, and lack of covered services.

Healthcare

- Only 10.1% of respondents said they had trouble getting the health care they needed at some point in the past year.
- 5% said they had trouble filling a medically necessary prescription at some point in the past year.
- Survey respondents said the 3 main barriers to getting the necessary health care and/or prescriptions were not having insurance, that insurance would not cover what was needed, and that their share of the cost (co-pay/deductible) was too high.

Health Information

The top 3 places where most Moore County residents said they get their health related information...

1. Doctor/Nurse/Pharmacist
2. Internet
3. Friends and Family

Unemployment

8.3% of participants said they were currently unemployed.



Secondary Health Data

Leading Causes of Death

Leading Causes of Death

The NC State Center for Health Statistics lists the following as the top 10 leading causes of death in Moore County and in North Carolina for all ages for 2014-2018.

North Carolina, All Ages 2014-2018			Moore, All Ages 2014-2018		
RANK	CAUSE OF DEATH:	RATE	RANK	CAUSE OF DEATH:	RATE
1	Cancer - All Sites	191.6	1	Cancer - All sites	250.3
2	Diseases of the heart	181.9	2	Diseases of the heart	242.0
3	Chronic lower respiratory diseases	52.1	3	Alzheimer's disease	90.6
4	Cerebrovascular disease	48.9	4	Cerebrovascular disease	70.3
5	Alzheimer's disease	39.4	5	Chronic lower respiratory diseases	65.0
6	Other unintentional injury	38.6	6	Other unintentional injury	38.7
7	Diabetes mellitus	27.9	7	Diabetes Mellitus	23.8
8	Pneumonia & Influenza	19.7	8	Motor Vehicle Injuries	22.4
9	Nephritis, nephrotic syndrome, & nephrosis	18.9	9	Nephritis, nephrotic syndrome, & nephrosis	19.2
10	Motor Vehicle Injuries	14.9	10	Pneumonia & Influenza	18.9

Source: NC State Center for Health Statistics, Rates unadjusted, per 100,000 population

The top 2 leading causes of death in Moore County mirror those of the state, those being cancer and heart disease, respectively. For Moore County, Alzheimer's disease occupies the 3rd spot, while only reaching 5th in the state. Seven out of the top ten 2014-2018 leading causes of death in Moore County have higher rates than the state. Most notably, Moore County's Alzheimer's disease death rate is more than double (2.3x) the state rate.

Compared to peer counties, Moore County's death rates for Alzheimer's (90.6) and stroke (70.3) rank highest among the 5 peers.

Unadjusted Death Rates, 2014-2018, Per 100,000 Population (Moore, Peer Counties, State)				
County/State	Cancer	Heart Disease	Alzheimer's	Stroke
Moore	250.3	242.0	90.6	70.3
Carteret	276.6	259.1	35.1	65.3
Chatham	222.7	182.8	41.8	60.5
Haywood	270.7	302.5	38.7	65.2
Stanly	225.5	285.0	68.1	62.5
North Carolina	191.6	181.9	39.4	48.9

Source: NC State Center for Health Statistics

Leading Causes of Death by Gender

Death rates differ for Males and Females in Moore County. For all deaths in 2014-2018, the male death rate is 822.8 (per 100,000) and the female death rate is 575.7 (per 100,000). The death rate for males in Moore County is 30% higher than the rate for females.

The top 5 leading causes of death for males and females differ in order but each list heart disease, cancer, lower respiratory disease, and stroke as top causes. Notable in the male top 5 but not for females is unintentional injury. Conversely, Alzheimer's makes the top 5 for females but not for males. Comparatively, the Alzheimer's death rate for females in Moore County in 2014-2018 was 25.4% higher than their male counterparts (48.9 per 100,000 vs. 36.5 per 100,000).

Moore County Leading Causes of Death by Gender, 2014-2018					
Rank	Male	Rate*	Rank	Female	Rate*
1	Heart Disease	178.5	1	Cancer	136.5
2	Cancer	162.1	2	Heart Disease	98.2
3	Unintentional Injuries**	44.0	3	Alzheimer's Disease	48.9
4	Stroke	41.4	4	Respiratory Disease	34.8
5	Respiratory Disease	37.0	5	Stroke	34.3

Source: NC State Center for Health Statistics

*Rates per 100,000

**Does not include unintentional motor vehicle injuries

Leading Causes of Death by Race

In Moore County, minority death rates exceed those for whites for 3 of the top 4 leading causes of death in 2014-2018.

As the table to the right demonstrates, minorities living in Moore County are more likely than whites to die from cancer, heart disease, and stroke. The largest racial disparity is for stroke (cerebrovascular disease), where the minority death rate is 35.7% higher than the death rate for whites.

Moore County Death Rates, Age-Adjusted Whites Vs. Minorities (per 100,000) 2014-2018			
	Whites	Minorities	% Higher
Cause of Death:	Rate	Rate	For Minor.
Cancer	141.6	205.1	31%
Heart Disease	131.1	169.5	22.7%
Alzheimer's disease	44.4	40.3	-9.2%
Cerebrovascular Disease	35.5	55.2	35.7%

Source: NC State Center for Health Statistics

The only exception is for Alzheimer's. In 2014-2018, Moore County minorities were just under 10% less likely to die from Alzheimer's than whites.

Leading Causes of Death by Age

The chart below shows the leading causes of death for each age group (2014-2018). Color-coded cells assist in seeing how a given disease ranks across the range of ages.

As the chart indicates, in Moore County, the leading causes of death for residents aged 0-39 are conditions originating in the perinatal period, motor vehicle injuries, other unintentional injuries, and suicide.

Cancer, followed by heart disease, are the two leading causes of death for those ages 40-84. Heart disease followed by Alzheimer's disease are the two leading causes of death for those age 85 and older.

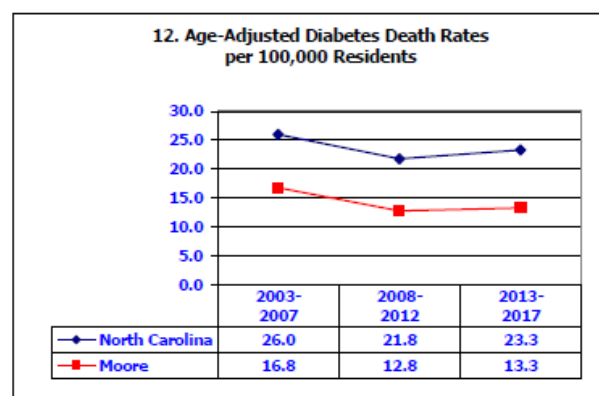
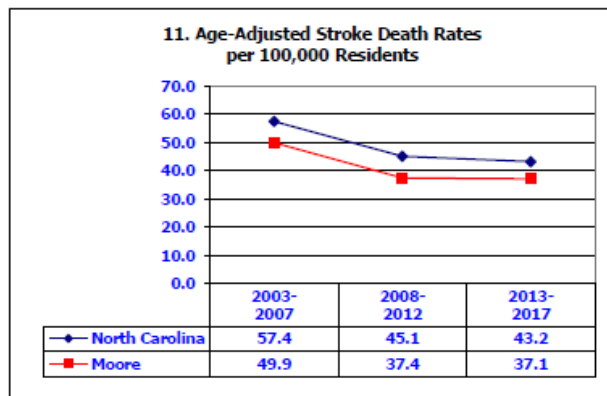
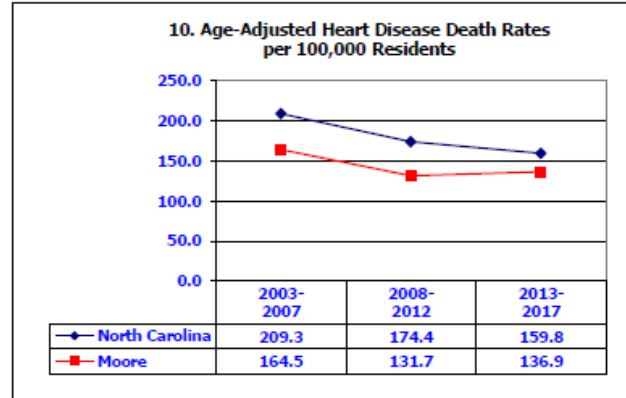
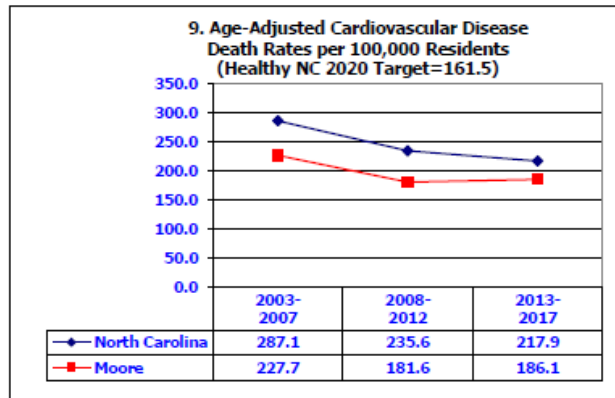
Leading Causes of Death by Age, Moore County, 2014-2018, Unadjusted, Per 100,000					
Rank	Age 0-19	Age 20-39	Age 40-64	Age 65-84	Age 85+
1	Conditions originating in the perinatal period	Motor vehicle injuries	Cancer	Cancer	Heart disease
2	*	Other unintentional injuries	Heart disease	Heart disease	Alzheimer's
3	*	Suicide	Chronic lower respiratory disease	Chronic lower respiratory disease	Cancer
4	*	*	Other Unintentional Injuries	Alzheimer's	Cerebrovascular disease
5	*	*	Motor vehicle injuries	Cerebrovascular disease	Chronic lower respiratory disease
6	*	*	Chronic liver disease & cirrhosis	Diabetes mellitus	Other unintentional injuries
7	*	*	Cerebrovascular disease	Nephritis, nephrotic syndrome, & nephrosis	Pneumonia & Influenza
8	*	*	Diabetes mellitus	Other unintentional injuries	Nephritis, nephrotic syndrome, & nephrosis
9	*	*	Suicide	Septicemia	Pneumonitis due to solids & liquids
10	*	*	Septicemia	Parkinson's Disease	Parkinson's Disease

Source: NC State Center for Health Statistics

*20 or fewer deaths occurred; therefore these causes are not ranked.

Statewide and County Trends in Key Health Indicators – Death Rates

For each county in North Carolina, the State Center for Health Statistics has produced graphs representing trends in key health indicators at both the county and state level for the past 15 years. That trend data is shown below for heart disease, stroke, and diabetes death rates.



Source: NC State Center for Health Statistics

Secondary Health Data

Chronic Disease

Chronic Disease

Cancer, heart disease, stroke, and chronic lung disease are leading causes of death in North Carolina and Moore County. Many chronic diseases can be prevented or controlled by leading a healthy lifestyle (avoiding tobacco use, being physically active, and eating well), and access to high quality affordable health care.

Cancer

Cancer is the leading cause of death in North Carolina and the leading cause of death in Moore County. Cancer is a group of more than 100 different diseases, but all are characterized by the uncontrolled growth of and spread of abnormal cells. Cancer risk increases with age and varies by gender and race. As the average age of a population increases, the incidence of cancer tends to increase as well. Death from cancers can be reduced if the cancer is diagnosed at an early stage and treated. A person's risk can be reduced by adopting a healthy lifestyle that includes avoiding tobacco use, maintaining optimal weight, increasing physical activity, and avoiding sun exposure.

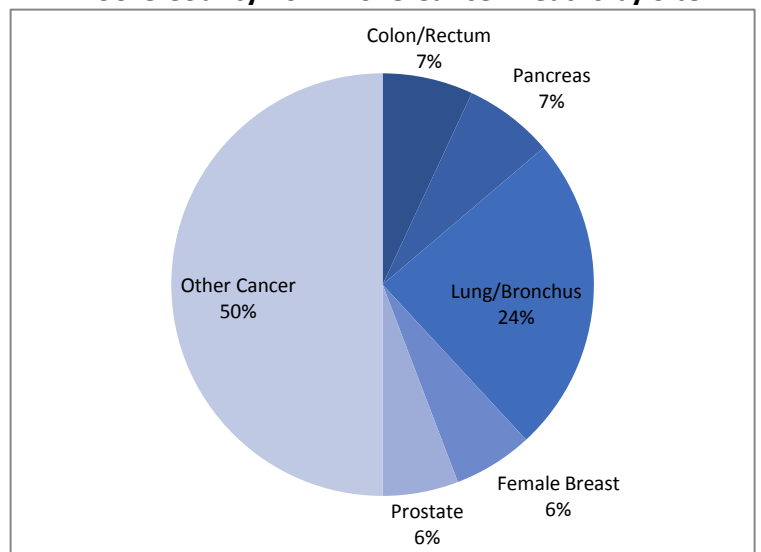
2013-2017 Age Adj. Cancer Incidence Rates by County for Selected Sites (Rates/100,000 Population)					
County/State	Colon/Rectum	Lung/Bronchus	Breast	Prostate	All Cancers
Moore	29.9	59.2	144.1	106.8	464.0
North Carolina	36.0	66.0	158.8	111.9	470.0

Source: NC Central Cancer Registry

As indicated in the table above, Moore County cancer incidence rates are lower than State rates for all sites. Moore County's incidence rate of 464.0 per 100,000 for all cancers is also slightly lower than that of the State (470.0 per 100,000).

Generally, most cancer deaths occur at 5 sites: colon/rectum, pancreas, lung/bronchus, female breast, and prostate. The figure on the right demonstrates the percentage breakdown of Moore County cancer deaths by site in 2014-2018. The majority of Moore County's cancer deaths occurred in the lung/bronchus and at other sites.

Moore County 2014-2018 Cancer Deaths by Site



Source: NC Central Cancer Registry

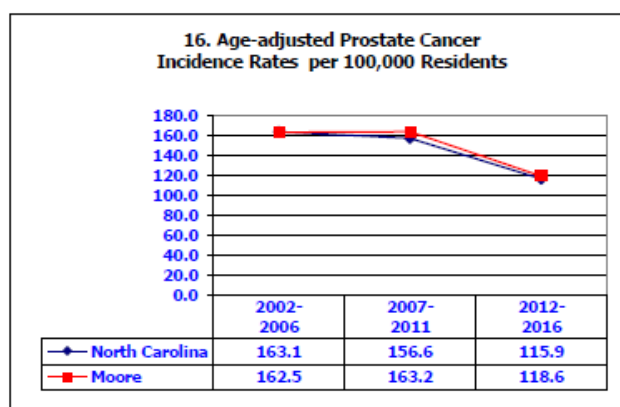
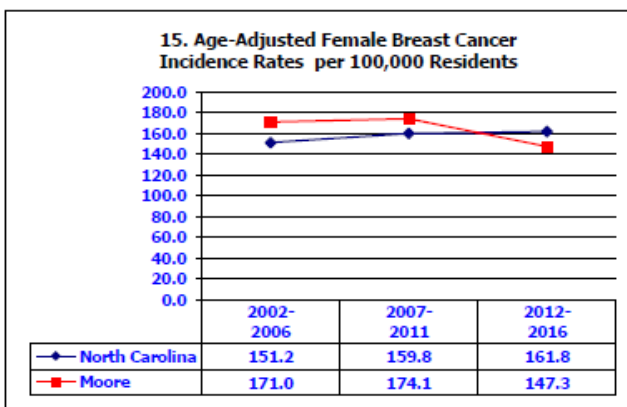
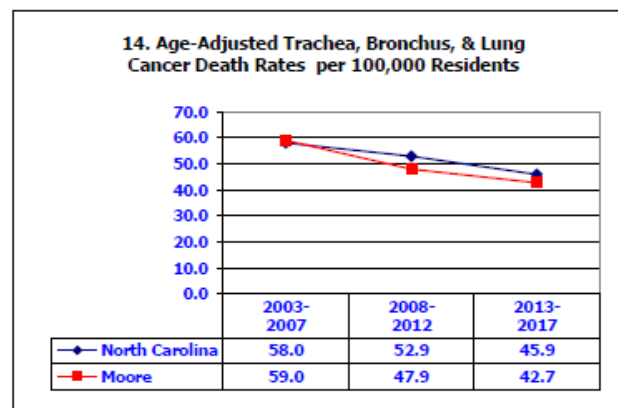
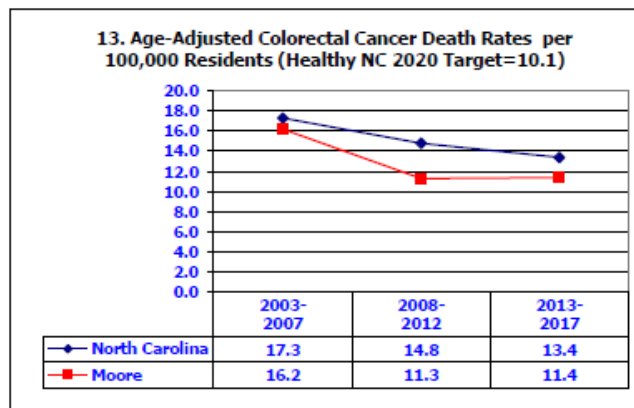
As the table below shows, when compared to the state, Moore County has a lower death rate for all cancers (147.4), and individually for colon/rectum, lung/bronchus, female breast and prostate. Among peer counties, Moore County had the 2nd lowest lung cancer death rate (37.4) but had the highest female breast cancer death rate (19.5).

Cancer Mortality Rates by Site, 2014-2018, Peer Counties and State (Per 100,000)					
	Colon/Rectum	Lung/Bronchus	Female Breast	Prostate	All Cancers
Moore	11.9	37.4	19.5	18.4	147.4
Carteret	15.7	47.7	18.2	17.2	167.2
Chatham	11.2	30.8	16.8	19.1	134.4
Haywood	10.4	43.4	16.2	21.7	159.2
Stanly	14.3	50.2	13.4	N/A	165.8
North Carolina	13.6	44.1	20.9	19.7	161.3

Source: NC Central Cancer Registry

Statewide and County Trends in Key Health Indicators – Cancer Incidence and Death Rates

For each county in North Carolina, the State Center for Health Statistics has produced graphs representing trends in key health indicators at both the county and state level for the past 15 years. That trend data is shown below for cancer incidence and death rates.



Source: NC State Center for Health Statistics

Heart Disease and Stroke

Heart disease and stroke are major contributors to premature death and years of potential life lost. In both the state and Moore County, heart disease is the second leading cause of death – accounting for roughly 1 in 5 of all deaths in Moore County. Stroke is the 4th leading cause of death in Moore County and also 4th leading cause in state. North Carolina is part of what is commonly referred to as the “stroke belt”, an area in the Southeastern portion of the United States that historically has the highest stroke death rates.

2014-2018 Heart Disease and Stroke Death Rates, Moore – NC (Rates/100,000 Population)				
County/State	Acute Myocardial Infarction (Heart Attack)	Other Ischemic Heart Disease (Coronary Heart Disease)	Cerebrovascular Disease (Stroke)	All Diseases of the Heart
Moore	27.6	53.8	37.6	134.1
North Carolina	28.4	59.4	43.0	158.0

Source: NC State Center for Health Statistics

There are also considerable gaps regarding gender and race when it comes to heart disease and stroke in Moore County. In Moore County, males (death rate – 178.5) are more likely to die from heart disease than females (death rate – 98.2). The same is true for stroke (male death rate – 41.4, female death rate – 34.3). Minorities living in Moore County are 22.7% more likely to die from heart disease than whites and 35.7% more likely to die from stroke than whites.

Diabetes

Diabetes is a metabolic disorder caused by the inability of the pancreas to produce enough insulin to control blood sugar. If not diagnosed and appropriately monitored, diabetes can cause serious health complications such as heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the 7th leading cause of death in North Carolina and the 7th leading cause of death in Moore County.

Diabetes Death Rates, 2014-2018 (Age-Adjusted, Per 100,000)	
Moore	14.6
Carteret	18.0
Chatham	17.6
Haywood	15.4
Stanly	25.3
North Carolina	23.7

Source: NC State Center for Health Statistics

For the most part, Moore County residents diagnosed with diabetes have been able to manage the disease with proper care. As indicated in the above table, the diabetes death rate in Moore County is 14.6 compared to 23.7 at the state level. Moore County’s death rate is also lower than all of its peers. A large gender gap exists in Moore County with regard to diabetes death rates. With a death rate of 21.8 for males and a death rate of 8.7 for females, males are 2.5 times more likely to die from diabetes than their female counterparts. As far as race/ethnicity, in Moore County diabetes is serious threat for African Americans in particular. The NC State Center for Health Statistics reports that in 2018, the death rate for diabetes for African Americans in Moore County was 31.7 – a number that is significantly higher than state totals (23.7) and 61% higher than that of whites living in Moore County.

2019 Moore County Community Health Opinion Survey – Key Findings

Health Problems

The top 5 health issues that Moore County residents identified as having the largest impact on the community as a whole...

1. Cancer
2. Aging Issues
3. Obesity/Overweight
3. High Blood Pressure
4. Mental Health
5. Heart Disease/Heart Attack

Unhealthy Behaviors

The top 5 unhealthy behaviors that Moore County residents identified as having the largest impact on the community as a whole...

1. Prescription Drug Abuse
2. Alcohol Abuse
3. Illegal Drug Abuse
4. Lack of Exercise
5. Smoking/Tobacco

Smoking/Tobacco

- 18% of survey participants were current smokers.
- 14.8% were current users of other tobacco products including vape devices.
- 16.8% of current smokers/tobacco users said they did not want to quit.
- 69.5% of survey participants said that they were not exposed to secondhand smoke at all.
- Of those who were exposed to secondhand smoke, the majority (13.1%) said that they were exposed at home.
- 5.5% said that they were exposed to secondhand smoke in the workplace.

Chronic Health Conditions

Percentage of Moore County residents who said they have been told by a health professional that they had the following condition at some point in their life...

- Asthma – 10.0%
- Depression or Anxiety Disorder – 18.2%
- High Blood Pressure – 43.0%
- High Cholesterol – 45.2%
- Diabetes (not during preg.) – 13.3%
- Osteoporosis – 6.0%
- Overweight/Obesity – 28.8%



Secondary Health Data

Obesity

Obesity

Adult Obesity

According to the most recent Professional Research Consultants (PRC) survey, conducted in conjunction with FirstHealth of the Carolinas and indicated in the table below, Moore County has a higher prevalence of overweight and a slightly lower prevalence of obese adults when compared to North Carolina's State average.

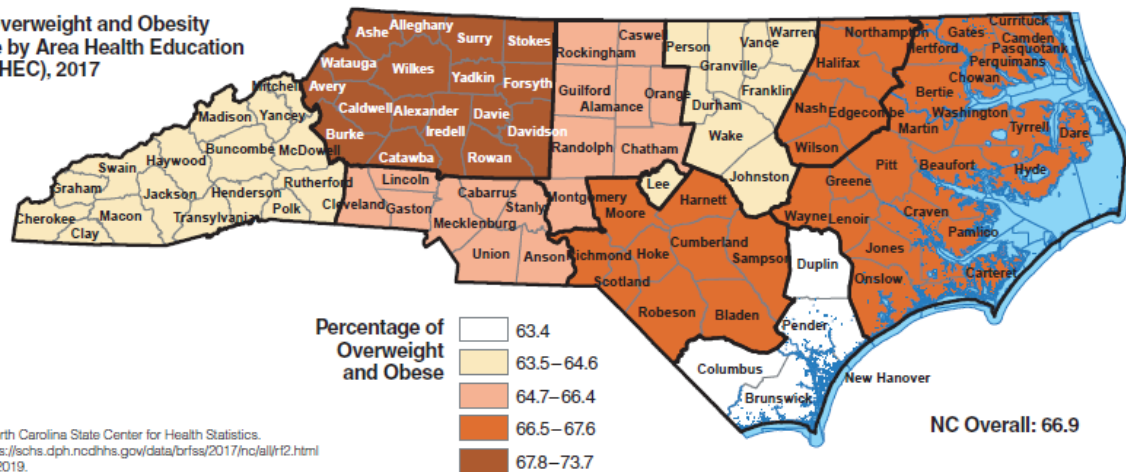
Adult (≥ 18) BMI Weight Status: Healthy Weight, Overweight, Obese—Percent, 2018 *			
County/State	Healthy Weight (BMI = 18.5-24.9)	Overweight (BMI = 25+)	Obese (BMI = 30+)
Moore	28.5%	68.9%	31.2%
North Carolina	31.3%	66.9%	32.1%

Source: Professional Research Consultants (PRC) Survey, FirstHealth of the Carolinas, 2015

*Self reported BMI

As figure 1 below shows, Moore county is part of a south-central region of counties which includes Richmond, Scotland, Hoke, Robeson, Bladen, Sampson, and Harnett that have a significantly higher percentage of overweight/obese adults when compared to other regions and counties across the state.

Figure 1. Overweight and Obesity Prevalence by Area Health Education Centers (AHEC), 2017



Overweight/Obesity Status Among Lower Income Children

In the table below, the North Carolina Pediatric Nutrition Epidemiology Surveillance System (NC-PedNESS) indicates that Moore County has a higher percentage of overweight young children when compared to the state average. However, Moore County had the 2nd lowest percentage of Obese children (15.8%), second only to Haywood County (15.5%).

2017 North Carolina BMI for Age Status in Children 2 through 4 years of age by Health Department Agency			
County/State	Healthy Weight ≥5th to < 85th percentile	Overweight ≥85th to < 95th percentile	Obese ≥95th percentile
Moore	66.9%	15.1%	15.8%
Carteret	64.9%	14.8%	17.3%
Chatham	61.8%	15.2%	19.9%
Haywood	64.5%	16.1%	15.5%
Stanly	68.1%	11.9%	16.4%
North Carolina	65.6%	14.5%	16.1%

Source: North Carolina-Pediatric Nutrition Epidemiology Surveillance System (NC-PedNESS)

NC-PedNESS data consists of children ages 2 through 4 which are reflective of the population at 185% of the federal poverty level. The majority of the children ages 2 through 4 included in the 2017 NC-PedNESS data are from the Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program.

Lifestyle Factors on Obesity – Diet and Physical Activity

The two key factors in maintaining a healthy body weight are eating a healthy, balanced diet and getting plenty of exercise. The 2018 Professional Research Consultants (PRC) survey shows that regarding diet, a considerable number of Moore County residents aren't eating enough fruits and vegetables. Additionally, the PRC survey also found that a significant number of Moore County residents aren't very physically active.

- Only 22.5% of respondents consume 2 or more servings of fruit per day.
- Only 18% of respondents consume 3 or more servings of vegetables per day.
- 88.5% reported that they do not consume 2 or more servings of whole grains per day.

- Roughly only 1 in 5 (20.9%) respondents reported that they can purchase “healthy” food within walking distance of their home.
- Nearly half of all respondents (47.4%) reported that they had consumed 1 or more sugar sweetened beverages the previous day.
- 27.3% reported no leisure time physical activity whatsoever.
- Less than ½ (48.2%) of children age 2-17 were reported to be physically active at least one or more hours a day.
- Only 27.1% of adult respondents report getting at least 30 minutes of physical activity daily.
- More than half (51%) reported that they get 3 or more hours of screen time (TV, Computer, Phone, Tablet, Etc.) on average per day.

2019 Moore County Community Health Opinion Survey – Key Findings

Physical Activity

- 23% of Moore County residents said that they do not engage in any form of exercise that lasts at least 30 minutes in a typical week.
- The majority of those who do engage in physical activity (37.1%) usually do so 3-4 times a week.
- The majority of survey participants who exercise (53.8%) said that they exercise at home.
- 19.7% go to a gym/fitness center and 11.1% go to a park to engage in physical activity.
- Of those who said that they don't engage in physical activity, the top 3 barriers (respectively) were not enough time, that they have a job that is very physical/hard labor, or that they are too tired to exercise.

Screen Time

72.9% of survey respondents said that they watch TV, play video games, or use the computer for recreation between 2-5 hours a day – 12.9% said 6 or more hours a day.

Farmer's Markets

53.7% of Moore County residents said that they have utilized a local farmer's market.



Secondary Health Data

Maternal and Infant/Child Health

Maternal and Infant/Child Health

Prenatal Care

Getting early and consistent prenatal care is one of the most important aspects of delivering a healthy baby. For 2018 in Moore County, 768 women (65.9%) started prenatal care in their first trimester. This number was lower than the state percentage (68%) and lower than all 4 peer counties. Broken down by race, Moore County had lows compared to the state and peer counties for whites, African Americans, and other non-hispanic races.

Number and Percent of Women Receiving Prenatal Care in the First Trimester, 2018										
County/State	Total		Whites		African American		Other		Hispanic	
	#	%	#	%	#	%	#	%	#	%
Moore	768	65.8	571	69.5	84	50.6	24	64.9	89	61.8
Carteret	388	77.4	330	77.8	24	75.0	7	87.5	27	73.0
Chatham	475	73.1	333	78.5	47	68.1	13	81.3	82	58.2
Haywood	436	80.6	402	81.0	6	75.0	8	100.0	20	69.0
Stanly	477	70.6	388	74.0	53	60.9	13	68.4	23	50.0
North Carolina	80,865	68.0	48,343	74.8	17,366	59.0	3,718	66.0	10,565	57.5

Source: NC State Center for Health Statistics

High Parity Births

Parity is defined as the number of times a woman has given birth (includes multiples at once) regardless of whether the child/children was born alive or was stillborn. High parity births (usually with mothers 30 and older) can be associated with negative birth outcomes. It can also be an indicator for a need of family planning services if the mother is under 30. Compared to the state, Moore County had a lower high parity birth percentage for mothers under 30 and a lower percentage for mothers 30 and over.

For peers, Moore had the 3rd highest under 30 percentage and the 2nd highest percentage for mothers 30 and older.

High Parity Births – Moore, State, Peers – 2014- 2018				
	Mother Under 30		Mother 30 and Over	
	#	%	#	%
North Carolina	47,044	13.4	55,989	22.4
Moore	332	11.5	552	21.2
Carteret	170	10.9	216	17.4
Chatham	180	12.2	438	25.0
Haywood	208	10.7	186	19.0
Stanly	297	12.4	226	20.5

Source: NC State Center for Health Statistics

Low Birthweight

Low birthweight is when a baby is born weighing less than 5 pounds, 8 ounces. About 1 in every 12 babies in the United States is born with low birthweight. Some low birthweight babies are healthy, but being low birthweight can cause serious health problems for some babies. In Moore County, for 2014-2018, 8.9% of babies born were low birthweight. Moore County percentages for low birthweight were either consistent with or lower than the state, with exception for the African American racial category.

Among peers, Moore was 2nd to Chatham regarding low birthweight African American babies at 16.1% to Chatham's 16.3%. Moore posted the lowest percentage of low birthweight Hispanic babies when compared to peers at 6.3%.

Number and Percent of Low Birthweight (<2,500 grams) by Race, 2014-2018											
		Total		White		Afr. Amer.		Other		Hispanic	
Residence	BW	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	55,413	9.2	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
Carteret	Low	197	7.0	155	6.6	23	13.1	3	4.8	16	7.8
Chatham	Low	299	9.3	163	8.0	61	16.3	9	9.1	66	9.1
Haywood	Low	276	9.4	253	9.4	5	11.1	5	11.6	13	7.9
Moore	Low	487	8.9	304	7.8	132	16.1	14	7.6	37	6.3
Stanly	Low	356	10.2	244	9.3	91	8.3	5	4.0	16	6.8

Source: NC State Center for Health Statistics

Short Birth Intervals

Most researchers agree that when births are spaced between 2 1/2 years to 3 years apart there is less risk of infant and child death. There is also lower risk of the baby being underweight. Short intervals between births can also be bad for a mother's health. In the table to the right, a short interval is defined as an interval of 6 months from the last delivery to conception. From 2014-2018, Moore County had the third highest short birth interval percentage (12.1%) among peer counties but was lower than the State average of 12.5%.

Mothers Who Smoke

Smoking during pregnancy affects both a mother and a baby's health before, during, and after the baby is born. The nicotine (the addictive substance in cigarettes), carbon monoxide, and numerous other poisons inhaled from a cigarette are carried through a mother's bloodstream and go directly to the baby.

Smoking while pregnant will increase the chances of miscarriage and stillbirth, increase the risk that a baby is born prematurely and/or born with low birth weight, and will increase a baby's risk of developing respiratory (lung) problems. The more cigarettes a mother smokes per day, the greater the baby's chances of developing these and other health problems. There is no "safe" level of smoking while pregnant.

The table to the right shows the number and percent of births from 2014-2018 where the mother smoked during the pregnancy. Moore County (10.7%) had the second lowest overall percentage compared to peer counties (Chatham – 5.3%) but had a higher percentage than the state (9.0%).

Haywood County had the highest percentage of mothers who smoked during pregnancy at 18.1%.

Short Interval Births 2014-2018		
Residence	Short Interval Births	Percent
North Carolina	50,533	12.5
Carteret	236	12.4
Chatham	252	11.1
Haywood	224	11.9
Moore	449	12.1
Stanly	334	14.1

Source: NC State Center for Health Statistics

Mothers Who Smoked During Pregnancy 2014-2018		
Residence	#	Percent
North Carolina	54,306	9.0
Carteret	440	15.7
Chatham	171	5.3
Haywood	532	18.1
Moore	589	10.7
Stanly	508	14.6

Source: NC State Center for Health Statistics

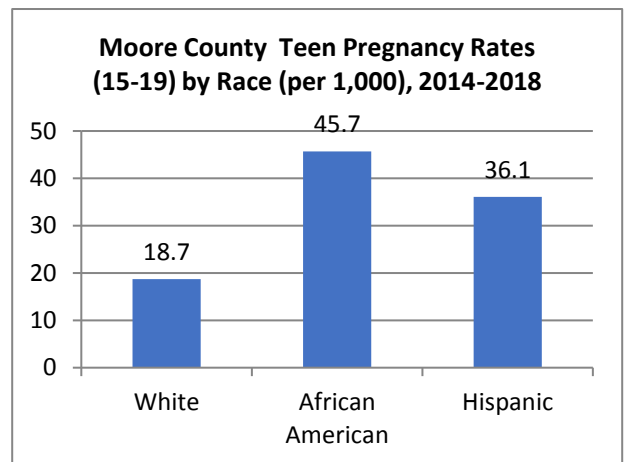
Teen Pregnancy

From 2014-2018, Moore County's total teen pregnancy rate was 8.5 (per 1,000). Compared to the state (12.9), Moore County's rate was lower. For peer counties, Stanly had the highest rate at 11.4 and Carteret had the lowest at 8.2. Moore County had the second lowest rate among peer counties.

Pregnancy Rates Per 1,000 Population for Girls 15-17 by Race, 2014-2018										
	Total	Rate	White	Rate	Af. Am.	Rate	Other	Rate	Hispanic	Rate
North Carolina	12,555	12.9	4,292	7.7	4,836	19.6	461	10.3	2,840	22.8
Carteret	47	8.2	38	7.9	4	*	0	*	5	*
Chatham	56	9.2	23	6.0	9	*	0	*	22	18.9
Haywood	46	9.3	44	9.8	1	*	0	*	0	*
Moore	73	8.5	32	5.3	26	18.9	0	*	14	*
Stanly	65	11.4	34	7.6	20	29.9	3	*	8	*

Source: NC State Center for Health Statistics, *fewer than 20 cases, unstable and unreported

As the graph to the right shows, racial disparities exist in Moore County for teen pregnancy rates in the 15-19 age range. In Moore County, Hispanics and African Americans have higher rates of teen pregnancy than whites. African American teen girls are almost two and a half times as likely as white teen girls to become pregnant. Hispanic teen girls are almost twice as likely. Similar norms are present at the state and peer county level.



Source: NC State Center for Health Statistics

Infant and Child Deaths

Infant Mortality

Infant mortality is the death of a baby within its first year of life. Infant mortality is thought to be a social problem with medical consequences and is often considered a measure of the general health of a community. In Moore County, 35 babies died in 2014-2018 who were under a year old.

Infant Mortality Rates (per 1,000) 2014-2018										
	TOTAL DEATHS	TOTAL DEATH RATE	WHITE DEATHS	WHITE DEATH RATE	AF. AM. DEATHS	AF. AM. DEATH RATE	OTHER DEATHS	OTHER DEATH RATE	HISPANIC DEATHS	HISPANIC DEATH RATE
North Carolina	4,275	7.1	1,716	5.2	1,820	12.7	226	6.3	513	5.6
Carteret	18	*	14	*	3	*	0	*	1	*
Chatham	34	10.5	16	*	7	*	0	*	11	*
Haywood	20	6.8	18	*	0	*	1	*	1	*
Moore	35	6.4	22	5.6	6	*	0	*	7	*
Stanly	31	8.9	20	7.6	10	*	0	*	1	*

Source: NC State Center for Health Statistics, * fewer than 20 cases, unstable and unreported

As indicated by the table above, compared to peer counties, Moore County had the second lowest infant death rate over the period. Moore was also lower than the state rate of 7.1. Chatham County had the highest infant death rate at 10.5.

Child Deaths

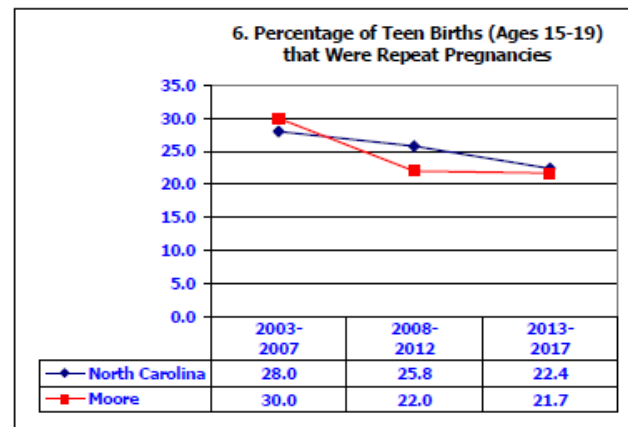
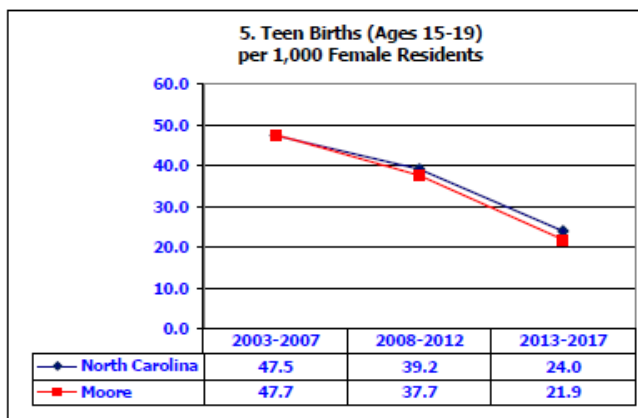
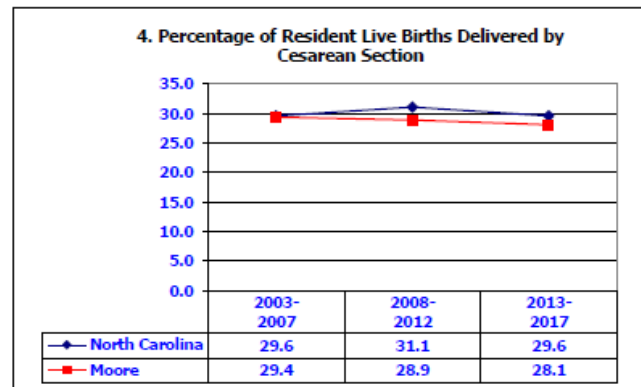
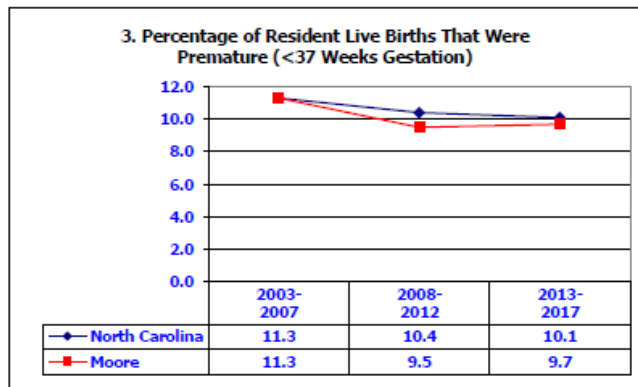
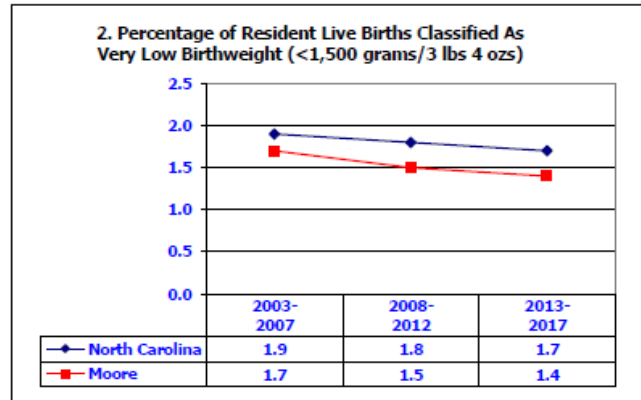
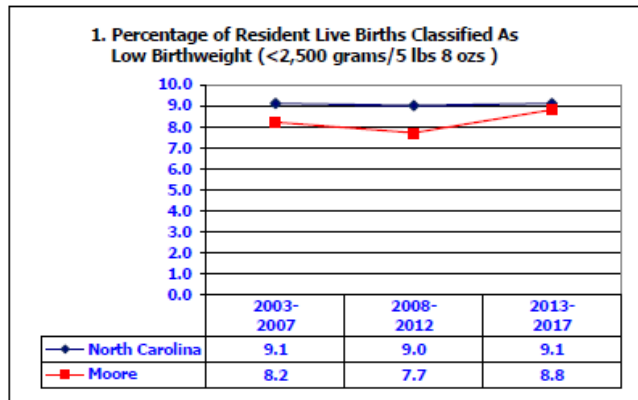
Child deaths are categorized as deaths by anyone under the age of 18. As demonstrated in the table below, for Moore County from 2014-2018, there were 51 child deaths, which was the highest number of deaths of the 5 peer counties. However, Moore County's 0-17 death rate was significantly lower than the state rate (57.4) and third lowest among peers. Stanly County charted the highest rate of 66.3

UNADJUSTED CHILD DEATH (AGE 0-17) RATES PER 100,000 POPULATION, 2014-2018		
COUNTY	DEATHS 0-17	DEATH RATE 0-17
North Carolina	6,586	57.4
Moore	51	50.1
Carteret	31	50.0
Chatham	40	56.0
Haywood	26	46.7
Stanly	44	66.3

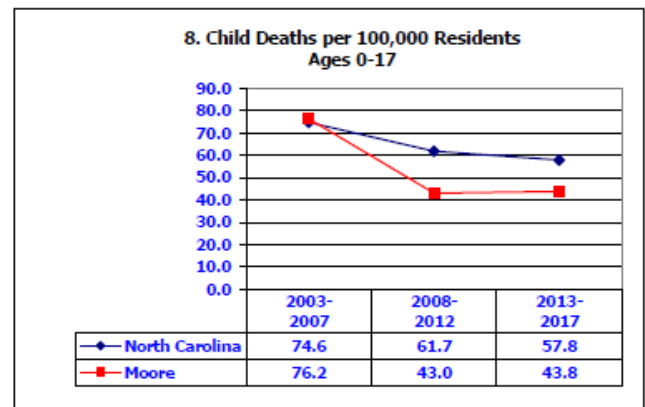
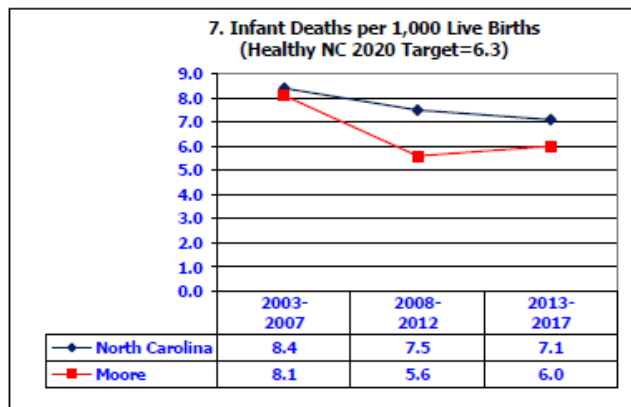
Source: NC State Center for Health Statistics.

North Carolina Statewide and County Trends in Key Health Indicators – Pregnancy and Infant/child Health and Mortality

For each county in North Carolina, the State Center for Health Statistics has produced graphs representing trends in key health indicators at both the county and state level for the past 15 years.



Source: NC State Center for Health Statistics



Source: NC State Center for Health Statistics

Secondary Health Data

Communicable Diseases

Communicable Disease

A communicable disease is an infectious disease transmissible (as from person to person or animal to person) by direct or indirect contact with an affected individual. The table to the right shows the top 10 communicable diseases in North Carolina based on average number of cases per year from 2014-2018.

Vaccine Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. Controlling vaccine-preventable diseases (VPDs) requires the consistent, concerted and coordinated efforts of public health agencies and healthcare providers to rapidly identify and report suspected cases, and swiftly implement control measures. Although many VPDs are at or near record low levels, with the notable exception of pertussis, maintaining high immunization rates is still critical to prevent reemergence, as has been seen nationally with recent increases in pertussis, measles, and mumps cases.

The table below shows the number of VPDs reported in NC from 2013-2018.

NC Comm. Disease, Avg. Cases Per Year, 2014-2018		
RANK	DISEASE	CASES
1	Hepatitis C – Chronic	8,410
2	Salmonellosis	2,414
3	Campylobacter	1,545
4	Hepatitis B - Chronic	1,149
5	Spotted Fever Rickettsiosis	493
6	Pertussis	463
7	Shigellosis	402
8	Streptococcal Infection – Group A Invasive	328
9	Cryptosporidiosis	244
10	Lyme Disease	242

Source: NC DHHS Communicable Disease Branch

Number of Cases of VPDs Reported in North Carolina, 2013-2018								
Disease	2013	2014	2015	2016	2017	Previous five-year average	2018	Significant Change*
Diphtheria	0	0	0	0	0	0	0	--
<i>Haemophilus influenzae</i> , invasive disease	140	141	169	180	206	167	209	--
Hepatitis A	42	43	39	52	30	41	101	↑
Hepatitis B (Acute)	94	113	146	169	187	142	221	↑
Hepatitis B (Chronic)	905	970	1111	1384	1177	1109	1084	--
Influenza Deaths**	64	218	61	218	391	190	209	--
Measles	22	1	0	1	0	5	3	--
Meningococcal invasive disease	9	10	5	5	9	8	8	--
Mumps	4	2	4	35	37	16	12	--
Pertussis	625	785	347	300	429	497	383	--
Pneumococcal meningitis	35	35	34	30	52	37	44	--
Polio	0	0	0	0	0	0	0	--
Rubella	0	0	0	0	0	0	0	--
Congenital rubella syndrome	0	0	0	0	0	0	0	--
Tetanus	0	0	3	0	3	1	3	--

* ↑ = significant increase (≥ 2 standard deviations above average) ↓ = significant decrease (≤ 2 standard deviations below average) -- = no significant change

** Influenza deaths are counted seasonally. The number 209 represents the number of influenza deaths that occurred during the 2018-2019 season

Two diseases increased significantly compared to the average of the previous five years (2013-2017): Hepatitis A and Hepatitis B (acute). The number of pertussis cases dropped substantially when compared to the previous 5 years; 383 pertussis cases were reported, the lowest since 2016. No cases of diphtheria, polio, rubella, or congenital rubella syndrome were reported in 2018.

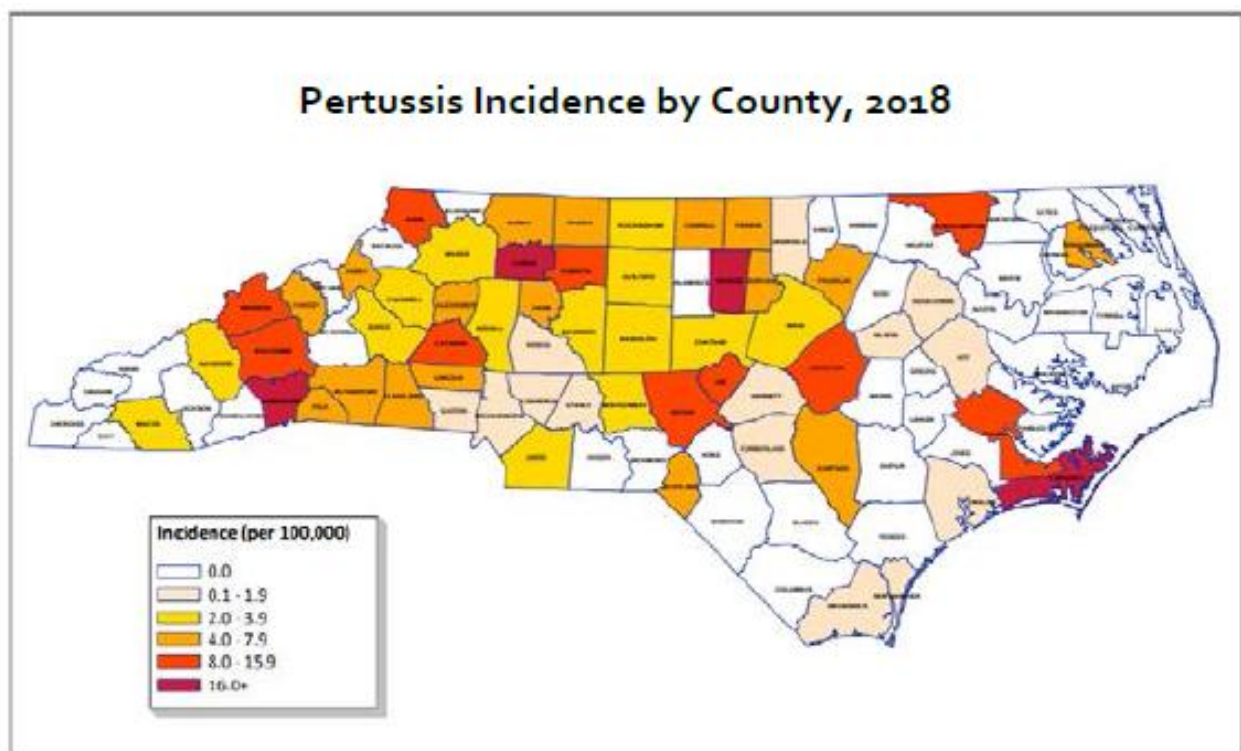
Pertussis (Whooping Cough)

As demonstrated in the table to the right, for 2018 in Moore County, there were 9 confirmed cases of pertussis. Moore's incidence rate of 9.3 per 100,000 was second only to Carteret at 21.8 per 100,000.

Pertussis was virtually non-existent in the 3 other peer counties, with Chatham, Haywood, and Stanly each charting no more than 2 confirmed cases for the year.

2018 Pertussis Incidence, (Per 100,000)		
County/State	Total #	Rate
Moore	9	9.3
Carteret	15	21.8
Chatham	2	2.8
Haywood	2	3.3
Stanly	1	1.6
North Carolina	385	3.9

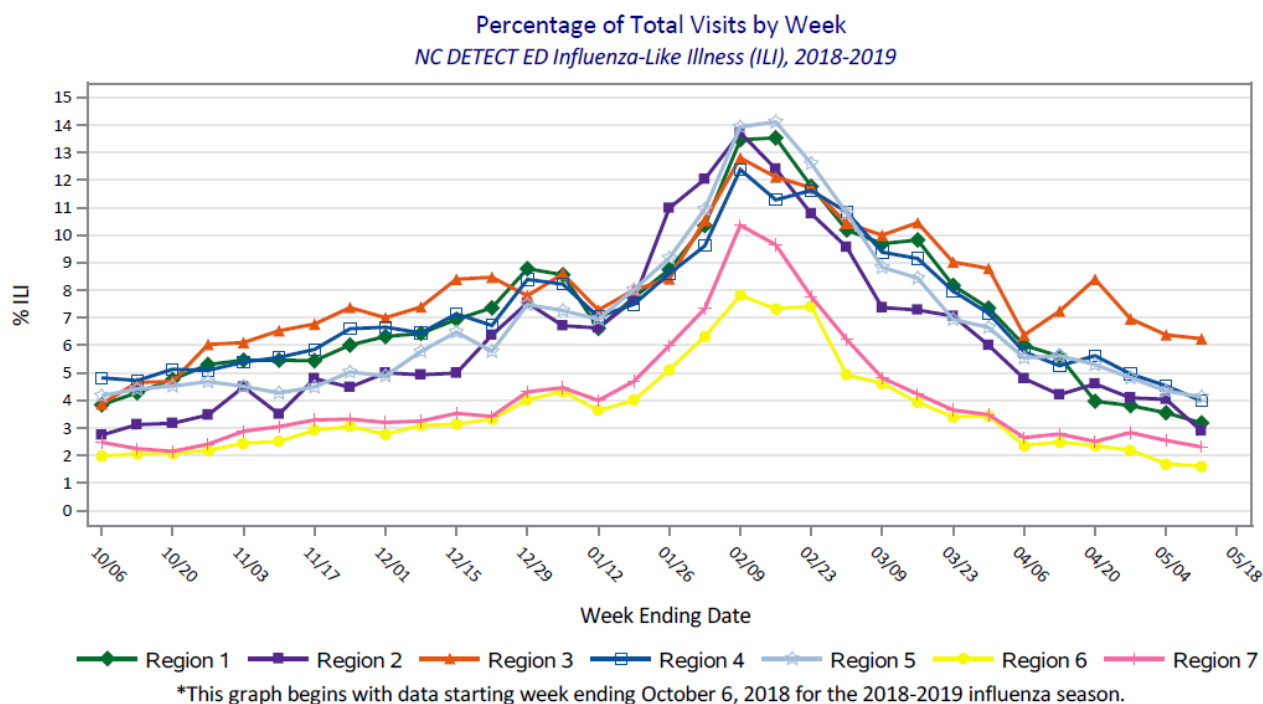
Source: NC DHHS Communicable Disease Branch



Source: NC DHHS Communicable Disease Branch

Influenza (Flu)

The table below shows the percentage of influenza-like illness (ILI) visits to the emergency department for the 7 NC flu surveillance regions during the 2018-2019 flu season. Moore County is part of region 3 which also includes Montgomery, Richmond, Scotland, Robeson, Hoke, Lee, Harnett, Cumberland, Bladen, Johnston, Sampson, and Wayne Counties.



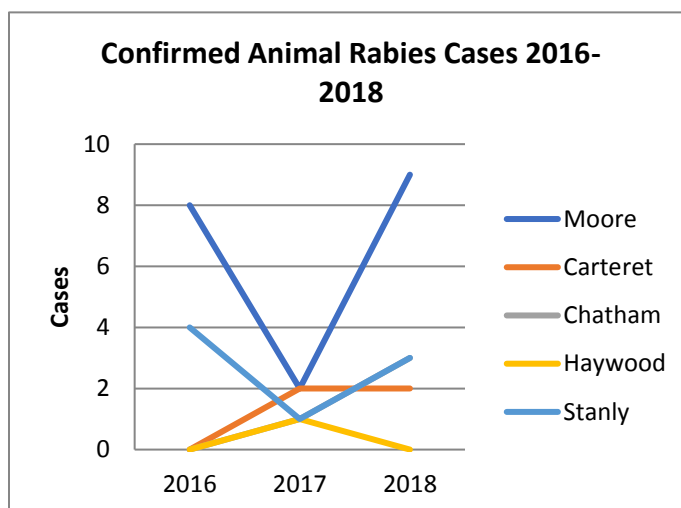
Source: NC DHHS Communicable Disease Branch

ED visits for flu peaked around early February in 2018-2019 and Region 3 charted the fourth highest percentage for the period at the time.

Rabies

The graph to the right shows the number of confirmed animal rabies cases among peer counties. Moore County has had 19 rabies cases since 2016, the highest number of the three-year period for peer counties. Moore County has averaged just over 6 cases per year for the period.

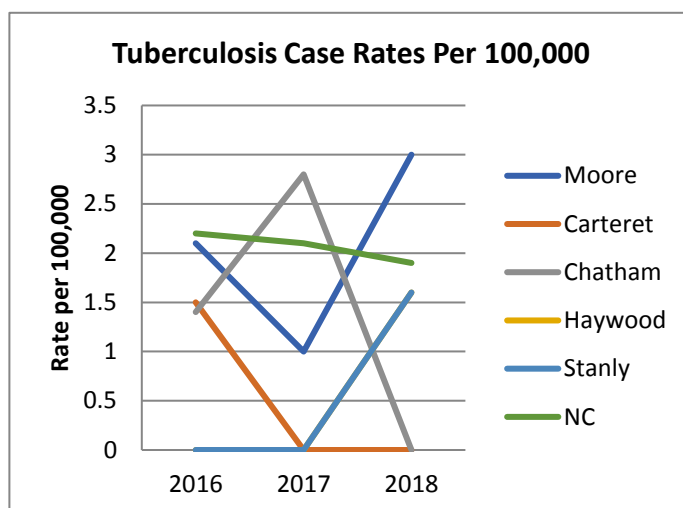
Haywood County has only had one confirmed rabies case since 2016. Moore County charted a high of 9 cases in 2018.



Source: NC Office of Veterinary Public Health

Tuberculosis (TB)

Tuberculosis is a communicable, potentially deadly disease that usually affects the lungs but can attack other parts of the body as well. It is spread when a person with an active case of TB breathes out the disease-causing bacteria, which are then inhaled by another person. TB is treatable and usually curable, although new drug-resistant strains are appearing that are more difficult to treat. It is vital that TB patients follow their treatment regimen and take all medications as directed, for as long as directed, or the disease can recur in a drug-resistant form.



The current goal of the NC TB Control program is to reduce tuberculosis disease in North Carolina by the year 2025 to under one case per one million persons, close to eliminating TB in the state.

Source: NC DHHS Communicable Disease Branch

The graph above shows the tuberculosis case rates per 100,000 population for Moore County, its peer counties and the state. Moore County had a TB case rate of 3.0 per 100,000 in 2018, the highest among peer counties for the period. Before 2018, Moore's rate was below that of the State average.

Sexually Transmitted Diseases (STDs)

Sexually transmitted diseases (STDs) are infections that can be transmitted through sexual contact with an infected individual. These are also termed sexually transmitted infections (STIs) or venereal diseases (VD). STDs can be transmitted during vaginal or other types of sexual intercourse including oral and anal sex.

NC law requires reporting for HIV/AIDS, Chlamydia, gonorrhea, and syphilis.

HIV/AIDS

HIV disease case reports represent persons who have a confirmed diagnosis with human immunodeficiency virus (HIV). This category represents all new diagnoses of HIV regardless of the stage of the disease. AIDS (acquired immunodeficiency syndrome) case reports represent only persons with HIV infection who have progressed to this later, more life threatening stage of the disease.

The three-year (2016-2018) average rate of diagnosed HIV disease in North Carolina was 15.1 per 100,000 population. The top five counties with highest rates were Mecklenburg (29.6), Edgecombe (28.0), Guilford (27.8), Durham (26.3), and Cumberland County (23.9).

HIV Cases/Ranks NC 2016-2018 (per 100,000)		
County/State	3 Yr. Avg. Rate (2016-2018)	Rank
North Carolina	15.1	--
Haywood	5.6	70th
Chatham	5.5	72nd
Stanly	5.2	75th
Moore	4.9	77th
Carteret	3.3	82nd

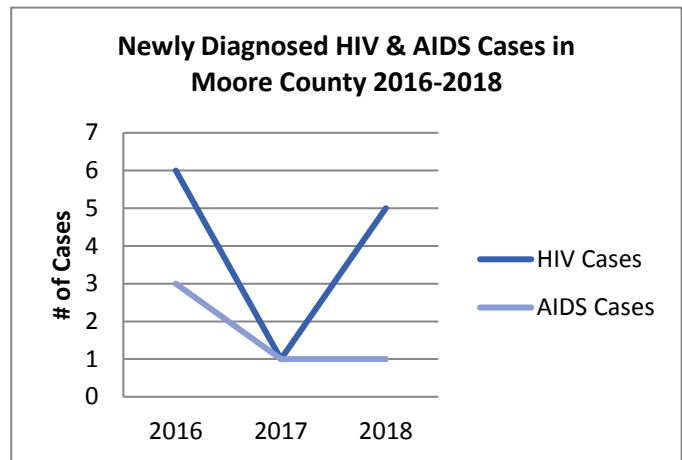
AIDS Cases/Ranks NC 2016-2018 (per 100,000)		
County/State	3 Yr. Avg. Rate (2016-2018)	Rank
North Carolina	6.6	--
Stanly	3.8	53rd
Chatham	2.8	70th
Moore	2.0	79th
Haywood	1.9	81st
Carteret	1.1	87th

Source: NC-DHHS, DPH, Communicable Disease Branch

According to the 2015 North Carolina HIV/STD Surveillance Report, Moore County ranks 77th in the state (of 100 counties – with 1 having the highest rate and 100 having the lowest) for HIV disease cases with an average rate of 4.9 per 100,000 for the years 2016-2018, well below the state rate of 15.1. Moore County ranks 79th in the state for AIDS cases with an average rate for the years 2016-2018 of 2.0 per 100,000, again, far lower than the state rate of 6.6 per 100,000.

As of December 2018, there were 73 persons/cases living with AIDS and 148 with HIV residing in Moore County.

The graph on the right shows the trends for HIV and AIDS cases in Moore County from 2016-2018.

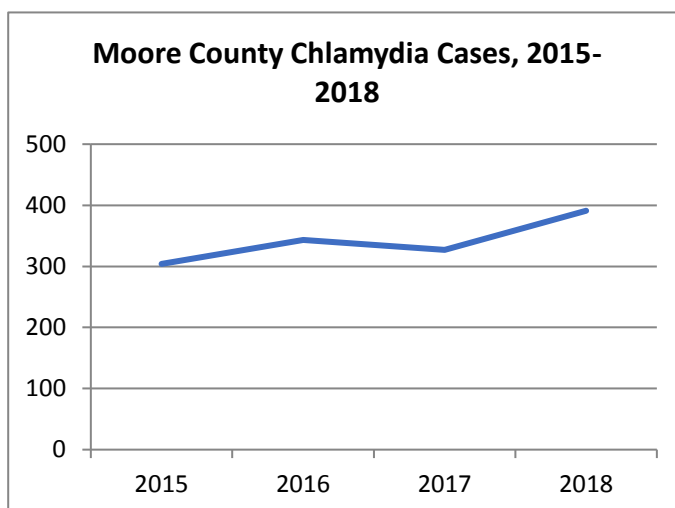


Source: NC-DHHS, DPH, Communicable Disease Branch

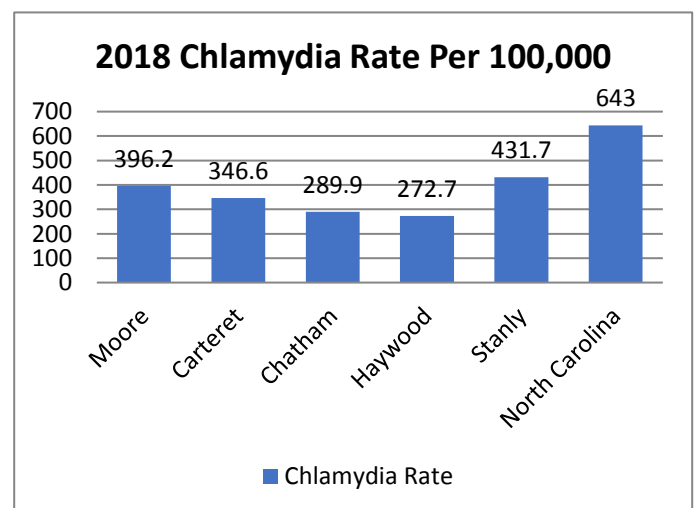
Chlamydia

Chlamydia is the most prevalent STD in Moore County. In 2015, there were 304 confirmed cases. As indicated in the graphs below, chlamydia cases in Moore County have trended downward since 2013. Moore County also (322.2) has a lower rate in 2015 than the state (541.5) but is 3rd highest among peers behind Stanly (368.9) and Carteret (329.6).

Chlamydia case reports represent persons who have a laboratory-confirmed chlamydial infection. It is important to note that chlamydial infection is often asymptomatic in both males and females, and most cases are detected through screening.

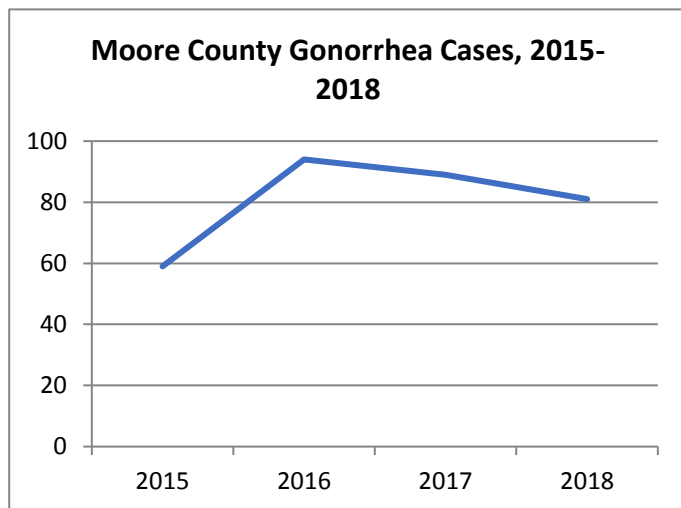


Source: NC-DHHS, DPH, Communicable Disease Branch

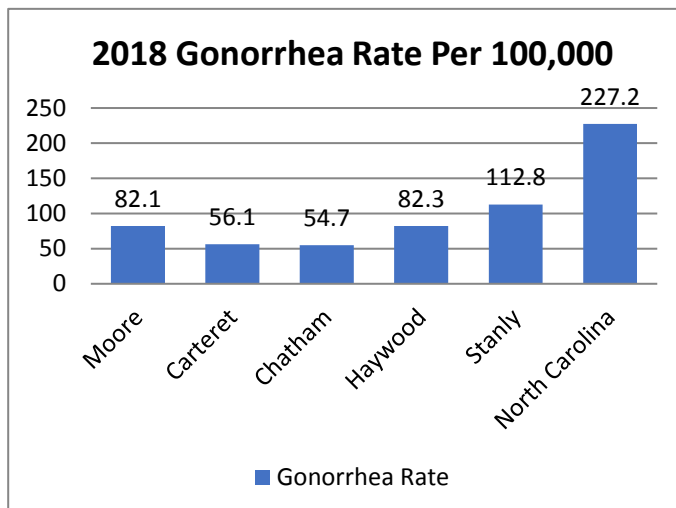


Gonorrhea

Gonorrhea case reports represent persons who have a laboratory-confirmed gonorrhea infection. Gonorrhea is often symptomatic in males and slightly less so in females. Many cases are detected when patients seek medical care. In 2018 in Moore County, there were 81 confirmed cases of gonorrhea.



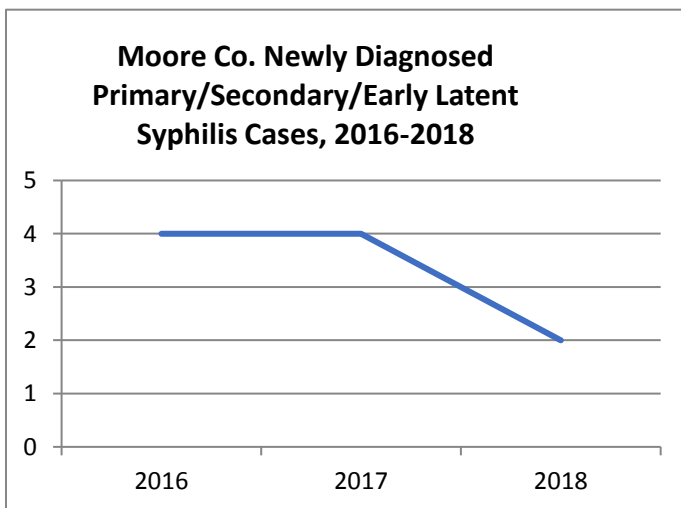
Source: NC-DHHS, DPH, Communicable Disease Branch



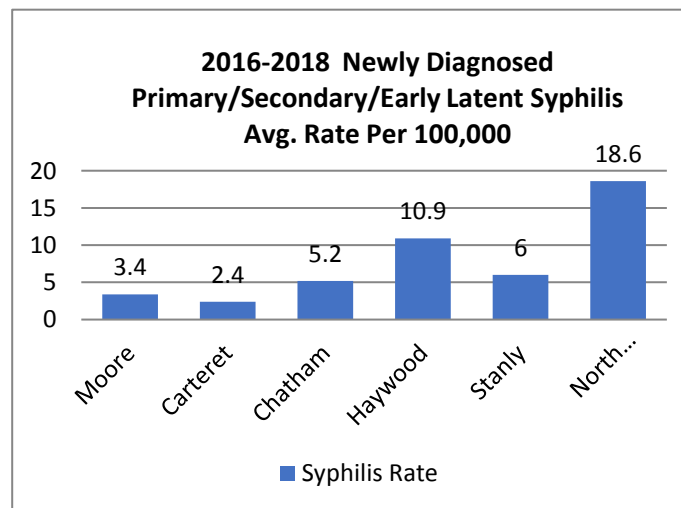
Gonorrhea cases in Moore County have experienced a slight decline since 2016, after rising from 59 cases in 2015 to 94 in 2016. Moore County and the rest of its peers are all lower than the state with regard to 2018 rates per 100,000. Among peers, Moore County has the 3rd highest rate (82.1) behind Stanly (112.8) and Haywood (82.3).

Syphilis

Syphilis cases are reported by stage of infection, which is determined through a combination of laboratory testing and patient interviews. Primary and secondary syphilis have very specific symptoms associated with them, so misclassification of these stages is highly unlikely.



Source: NC-DHHS, DPH, Communicable Disease Branch



Moore County syphilis numbers have been on a decline since 2016. North Carolina's primary/secondary/early latent syphilis 3 year average rate of 18.6 per 100,000 is significantly higher than Moore County's and all of its peers. Moore County had the second lowest 3 year rate among peer counties, behind only Carteret.

Age, Race, Sex, and Behavior Characteristics Regarding STDs

Although county –level data is unavailable pertaining to specific characteristics for those individuals who have confirmed sexually transmitted diseases; state-level data from the 2018 North Carolina HIV/STD Surveillance Report reveals the following:

- Among women reported with chlamydia, the highest rates occurred in 20- to 24-year-olds, followed by 15- to 19-year-olds, and 25- to 29-year-olds (5,154.2, 4,389.5, and 2,135.6 per 100,000, respectively).
- Overall, the 15- to 29-year-olds (both men and women) comprised 84.6% of people diagnosed with chlamydia in 2018.
- In 2018, Black/African American men and women had the highest chlamydia rates (702.1 and 1,266.3 per 100,000, respectively) and accounted for 34.5% of people diagnosed with chlamydia.
- Among women reported with gonorrhea, the highest rates occurred in 20- to 24-year-olds, followed by 15- to 19-year-olds, and 25- to 29-year-olds (1,104, 807.6, and 687.1 per 100,000, respectively). The 15- to 29-year-olds (both men and women) comprised 70% of people diagnosed with gonorrhea in 2018.
- In 2018, Black/African American men and women had the highest gonorrhea rates (557.9 and 425.6 per 100,000, respectively) and accounted for 47.5% of people diagnosed with gonorrhea.
- The highest rates of newly diagnosed early syphilis occurred in 20- to 24-year-olds (rate of 51.0 per 100,000) and 25- to 29-year-olds (63.3 per 100,000). Cases in these age groups comprised 43.0% of the total early syphilis cases in 2018.
- Black/African American men had the highest rates of early syphilis (89.7 per 100,000) and accounted for 50.3% of total early syphilis cases in 2018.
- Men who report sex with men (MSM) accounted for 54.8% of newly diagnosed early syphilis in North Carolina in 2018.
- People from 20 to 29 years old had the highest rate of newly diagnosed HIV in 2018 (66.6 per 100,000) and comprised 39% (N=475) of the newly diagnosed population.
- Among race/ethnicity groups, Black/African Americans represented 63% of all adult/adolescent newly diagnosed infections, with a rate of 40.8 per 100,000 adult/adolescent population. The highest rate (69.8 per 100,000) of newly diagnosed HIV infection was among adult/adolescent Black/African American men.

- For adults and adolescents newly diagnosed with HIV in 2018, the most likely route of transmission was male-male sex in 53% of all cases, heterosexual sex in 22% of cases, injection drug use (IDU) in 3% of cases, and combined male-male sex and injection drug use in 2% of cases; the most likely route of transmission was unknown for 21% of new HIV diagnoses in 2018.

Secondary Health Data

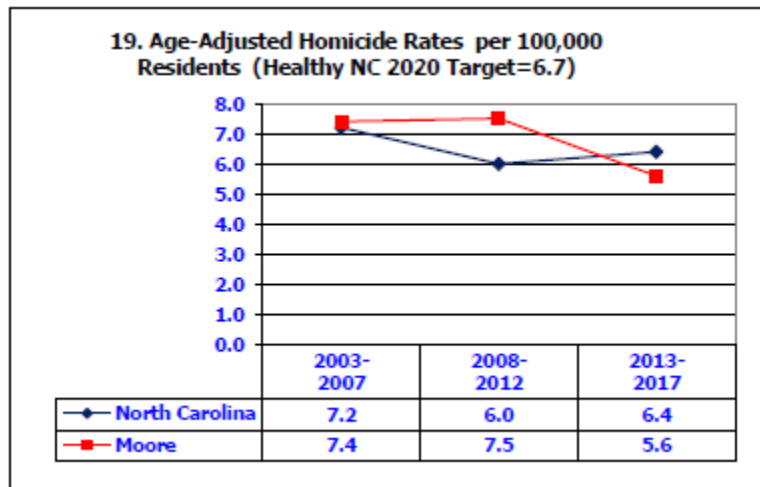
Intentional and Unintentional Injury

Intentional Injury

Homicide

Death rates due to homicide have been on a steady decline at the in Moore County since 2012. However, the Moore County homicide rate was highest among peer counties for 2013-2017 at 5.6 per 100,000.

2013-2017 Homicide Rate (Per 100,000)	
County/State	Rate
Moore	5.6
Carteret	2.7
Chatham	4.3
Haywood	4.3
Stanly	4.2
North Carolina	6.4



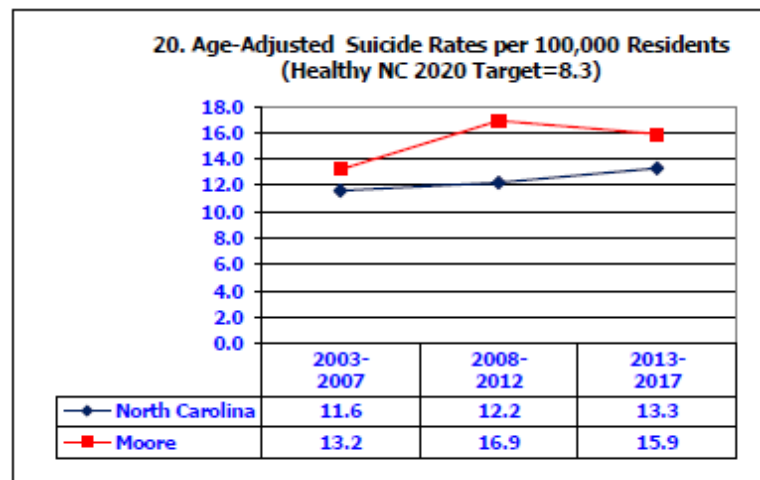
Source: NC State Center for Health Statistics

Moore County's rate was more than double that of the lowest peer county, Carteret, which charted at 2.7 per 100,000 for 2013-2017.

Suicide

The suicide rate for Moore County has been consistently higher than the state over the past 15 years. Over the past 5 years, the suicide rate in Moore County has been stable.

2013-2017 Suicide Rate (Per 100,000)	
County/State	Rate
Moore	15.9
Carteret	19.8
Chatham	13.4
Haywood	17.7
Stanly	20.4
North Carolina	13.3



Source: NC State Center for Health Statistics

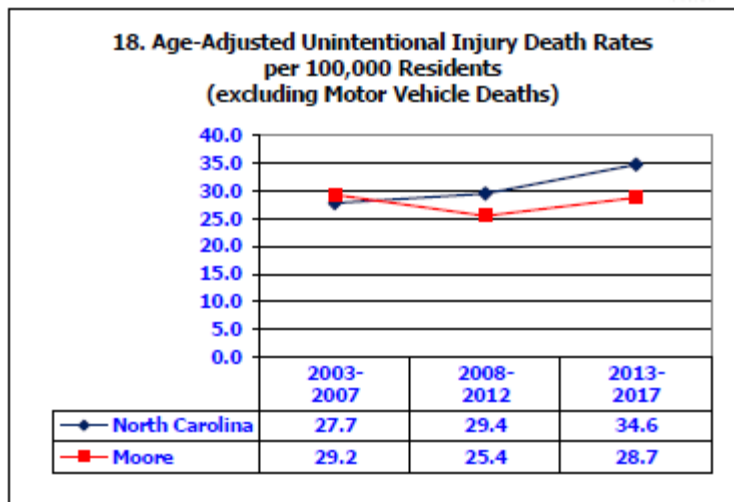
Compared to peer counties, Moore County had the 2nd lowest suicide rate per 100,000 from 2013-2017 – behind Chatham (13.4 per 100,000).

Unintentional Injury

Unintentional Injury Death Rates

Moore County's age-adjusted unintentional injury death rate rose from 25.4 in 2012 to 28.7 in 2017 and has been lower than the state rate over the past 10 years. Compared to peer counties, only Chatham County (22.5) had a lower unintentional injury death rate per 100,000 from 2013-2017 than Moore County (28.7). Carteret County charted the highest rate from 2013-2017 at 48.5 per 100,000.

2013-2017 Unintentional Injury Death Rate (Per 100,000)	
County/State	Rate
Moore	28.7
Carteret	48.5
Chatham	22.5
Haywood	48.2
Stanly	38.9
North Carolina	34.6

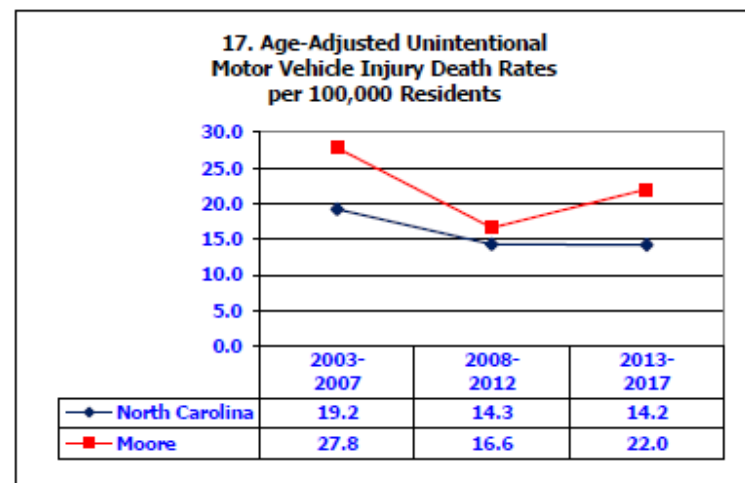


Source: NC State Center for Health Statistics

Unintentional Motor Vehicle Injury Death Rates

Although Moore County's rate for unintentional motor vehicle injury death rate decreased from a high of 27.8 per 100,000 in 2007, rates have still been consistently higher than the state. Additionally, Moore County (22.0) had the highest unintentional motor vehicle death rate for 2013-2017 among peer counties.

2013-2017 Unintentional Motor Vehicle Injury Death Rate (Per 100,000)	
County/State	Rate
Moore	22.0
Carteret	8.0
Chatham	18.1
Haywood	16.6
Stanly	18.7
North Carolina	14.2



Source: NC State Center for Health Statistics

Secondary Health Data

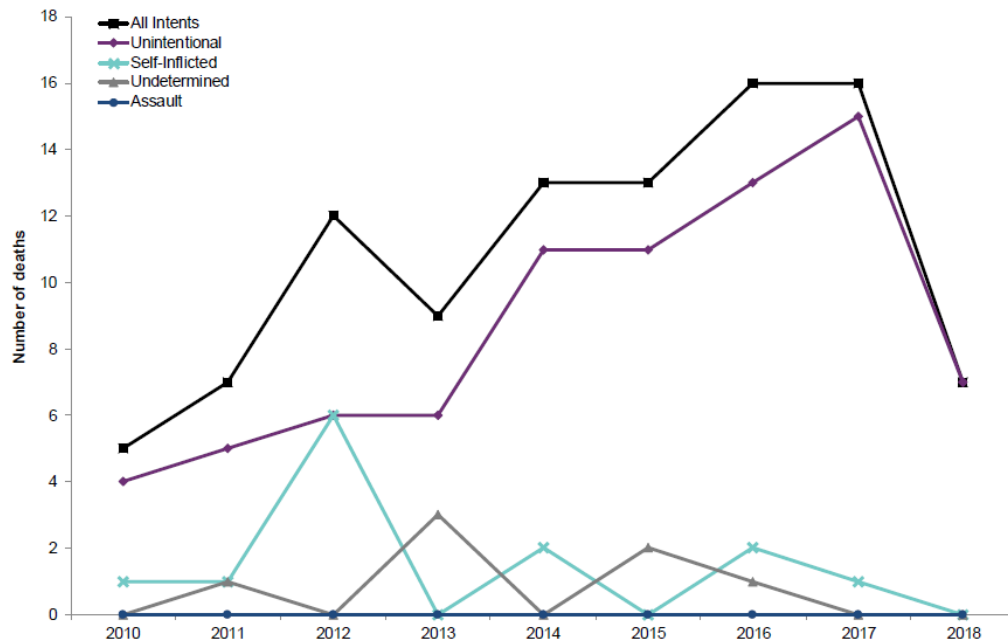
Substance Abuse and Overdose

Substance Abuse

Medication & Drug Overdose Deaths

County Medication & Drug Overdose Deaths by Intent

Moore County Residents, 2009-2018



Technical Notes: Medication and drug overdose: X40-X44, X60-X64, Y10-Y14, X85; Limited to N.C. residents

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics

Analysis by Injury Epidemiology and Surveillance Unit

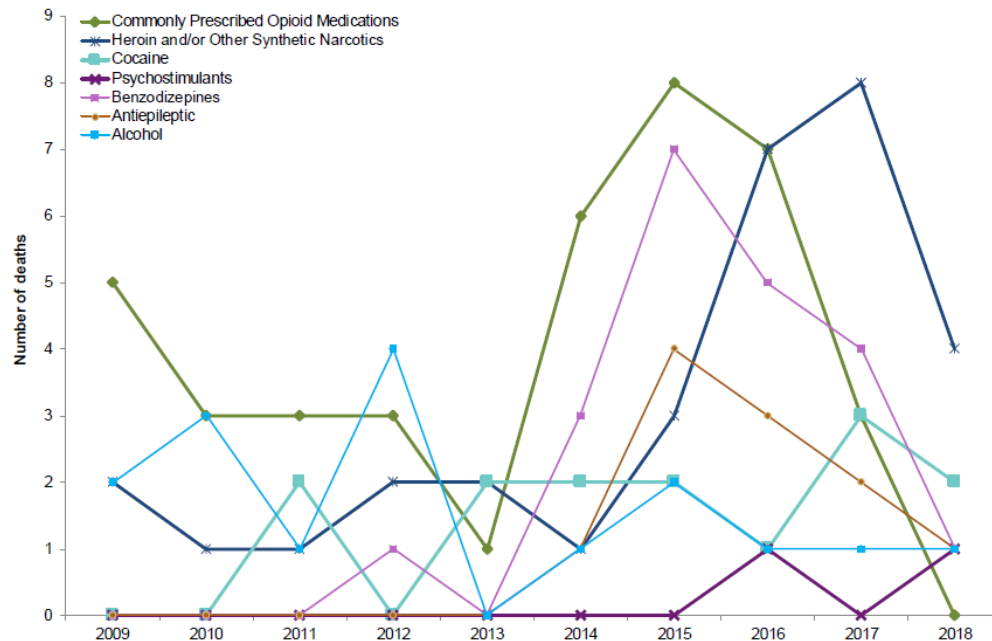


As evident in the graph above, deaths by medication and drug overdose have decreased in Moore County from 2017 to 2018, reaching a low of 7 which has not been seen since 2011. In 2016 and 2017, medication and drug overdose deaths were at an all-time high of 16.

Shown in the graph below, the majority of drug overdose deaths in Moore County, as well as other counties across the state, are attributed to commonly prescribed opioid medications. Alarming, overdose deaths attributed to heroin and other synthetic narcotics have also trended upward in recent years.

As the map below illustrates, Moore County's rate of unintentional medication/drug overdose for 2014-2018 was 11.9 per 100,000. This was lower than that of the State average at 16.7 per 100,000.

Substances* Contributing to Unintentional Overdose Deaths Moore County Residents, 2009-2018

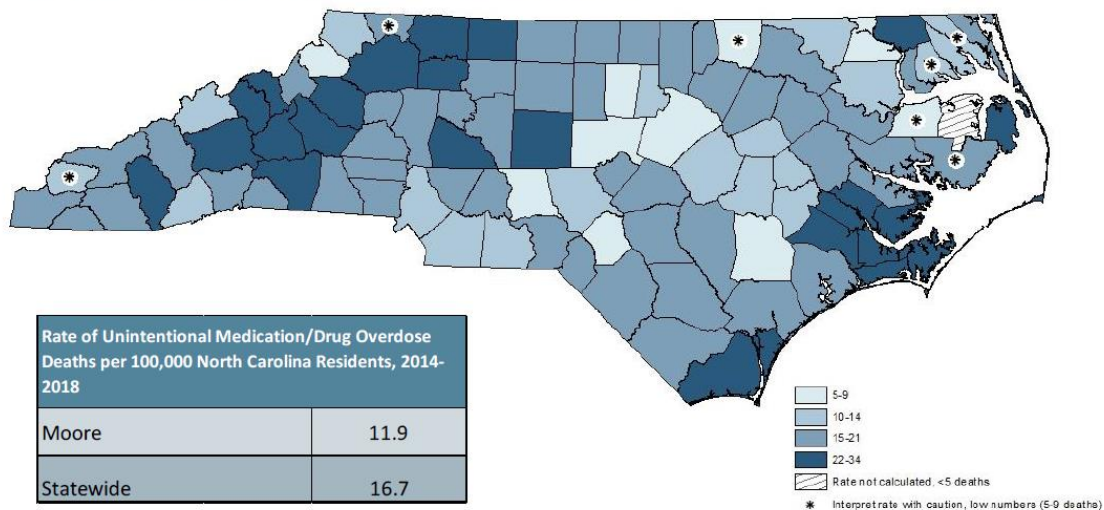


*These counts are not mutually exclusive. If the death involved multiple substances it can be counted on multiple lines.

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type (Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, and Alcohol).
Analysis by Injury Epidemiology and Surveillance Unit



Rate of Unintentional Medication & Drug Overdose Deaths Per 100,000 North Carolina Residents, 2014-2018



Technical Notes: Rates are per 100,000 N.C. residents; Unintentional medication and drug poisoning: X40-X44
Source: Deaths-N.C. State Center for Health Statistics; Vital Statistics; Population-NCHS
Analysis by Injury Epidemiology and Surveillance Unit



As shown in the table on the right, when compared to the majority of peer counties and the state Moore County had a lower unintentional medication and drug overdose death rate. For 2014-2018, Moore's rate of 11.9 per 100,000 ranked 2nd to Chatham (8.1 per 100,000). Carteret County posted the highest rate for the period at 26.1 per 100,000.

Unintentional Medication & Drug Overdose Death Rates, 2014-2018 (Per 100,000)	
Moore	11.9
Carteret	26.1
Chatham	8.1
Haywood	21.1
Stanly	21.6
North Carolina	16.7

Source: NC State Center for Health Statistics

Alcohol

DUI Arrests

The North Carolina Department of Justice reports that from 2015-2017, arrests for driving under the influence (DUI) in Moore County have been consistent. The highest total for the period for Moore was 209 arrests in 2016. As shown in the graphic to the right, when compared to peer counties, Moore County's DUI arrests have been consistently higher over the period, except for Carteret County which averaged 369 DUI arrests from 2015-2017. Moore County has averaged 198 DUI arrests from 2015-2017. Chatham County posted the lowest average at just 47 arrests per year for the 3-year period.

DUI Arrests, 2015-2017			
	2015	2016	2017
Moore	208	209	177
Carteret	398	402	307
Chatham	59	46	37
Haywood	139	132	73
Stanly	90	72	55

Source: NC State Center for Health Statistics

Drunk and Disorderly Arrests

Additionally, the NC Department of Justice also reports that from 2015-2017, drunk and disorderly conduct arrests in Moore County have consistently declined. Moore County averages roughly 34 drunk and disorderly arrests per year. Comparatively regarding other peer counties, Moore joins Chatham and Stanly as counties who boast the lowest overall drunk and disorderly arrest totals. Of the 5 peer counties, Haywood County stands out – posting an average of 120 drunk and disorderly arrests per year.

Drunk & Disorderly Conduct Arrests, 2015-2017			
	2015	2016	2017
Moore	42	32	29
Carteret	86	80	66
Chatham	24	47	33
Haywood	126	129	105
Stanly	36	28	26

Source: NC State Center for Health Statistics

Chronic Liver Disease and Cirrhosis

Cirrhosis is a late stage of scarring (fibrosis) of the liver caused by many forms of liver diseases and conditions, such as hepatitis and chronic alcoholism. One of the greatest causes and risk factors of cirrhosis and liver disease is chronic, excessive alcohol consumption.

As the table on the right shows, the death rate for chronic liver disease and cirrhosis for Moore County is consistent with that of the State. When compared to peer counties, Moore County ranks under only Chatham (6.4 per 100,000) as far as having the lowest death rate for the period. Carteret had the highest rate at 15.7 per 100,000 for 2014-2018.

Chronic Liver Disease & Cirrhosis Death Rates, 2014-2018 (Per 100,000)	
Moore	10.6
Carteret	15.7
Chatham	6.4
Haywood	13.5
Stanly	12.2
North Carolina	10.4

Source: NC State Center for Health Statistics

Reported Alcohol Consumption

According to the 2018 Professional Research Consultants (PRC) survey, Moore County respondents reported the following with regard to the consumption of alcohol:

- **55.2% of respondents reported that they are current drinkers (had consumed 1 at least one alcoholic beverage in the past 30 days).**
- **Nearly 1 in 5 (18.8%) report that they are daily drinkers.**
- **Just over 1 in 10 (12.2%) reported that they are “binge” drinkers. (For men this would be consuming 5 or more drinks in a drinking session, for women – it would be 4 or more drinks)**
- **Only 2.7% of respondents said that they have ever sought help for an alcohol or drug problem.**

2019 Moore County Community Health Opinion Survey – Key Findings

Mental Health/Substance Abuse Treatment

- When participants were asked where they would tell a friend or family member to go or call if they had a mental health or substance abuse problem, most (25.8%) said they would tell them to see/talk to a private counselor or therapist.
- 23% said they would tell them to contact their doctor.
- 14.9% said they did not know who to tell them to contact.

Quitting Smoking/Tobacco

22.6% of respondents said they would go to the hospital (FirstHealth) for help if they wanted to quit smoking or using tobacco. 16.8% said that they didn't want to quit.

Children and High Risk Behaviors

71.6% of parents surveyed said that they did not believe their child/children were engaging in any form of risky behavior. Of those parents who did say their child/children was engaging in risky behavior, the top 3 answers were distracted driving or speeding, tobacco use, and sexual activity; respectively.

Health Information for Children

Parents were asked which health problems/issues they thought their child/children needed more information about. The top 5 answers were...

1. Drug abuse
2. Sexual Activity, Alcohol
3. Distracted driving/speeding
4. Birth Control
5. Tobacco, Mental health/suicide



Appendix

- A.) 2019 Community Opinion Survey
- B.) 2019 Community Opinion Survey (Spanish)
- C.) 2019 Community Opinion Survey Results

APPENDIX A



2019 Moore County Community Health Opinion Survey

The purpose of this survey is to learn more about the health and quality of life in Moore County, North Carolina. The Moore County Health Department, MooreHealth Inc., and Moore County United Way will use the results of this survey to help develop plans for addressing the major health and community issues in Moore County. All the information you give us will be completely confidential and will not be linked to you in any way.

This survey is completely voluntary. It should take around 10-15 minutes to complete. If you have already completed this survey, or if you don't live in Moore County, please let us know.

Would you be willing to participate?

Moore County

Community Health Survey

PART 1: Community Problems and Issues

1. Thinking about your community, what kind of place is it to live?

☐ Excellent
 ☐ Good
 ☐ Fair
 ☐ Poor

2. These next questions are about health problems that have the largest impact on the community as a whole. Please look at this list of health problems. I would like for you to pick the most important health problems in this county. You can choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a health problem you consider one of the most important, please let us know by listing it under “other”.

- | | | |
|---|---|--|
| <input type="checkbox"/> Aging problems
(Alzheimer’s, arthritis,
hearing or vision loss, etc.)
<input type="checkbox"/> Asthma
<input type="checkbox"/> Birth defects
<input type="checkbox"/> Cancer
What kind? _____
<input type="checkbox"/> Adult dental health
<input type="checkbox"/> Child dental health
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Gun-related injuries
<input type="checkbox"/> Heart disease/heart attacks
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Autism | <input type="checkbox"/> Infant death
<input type="checkbox"/> Infectious/Contagious
diseases (TB, salmonella,
pneumonia, flu, etc.)
<input type="checkbox"/> Kidney disease
<input type="checkbox"/> Liver disease
<input type="checkbox"/> Mental health (depression,
schizophrenia, suicide etc.)
<input type="checkbox"/> Motor vehicle accidents
<input type="checkbox"/> Neurological disorders
(Multiple Sclerosis, muscular
dystrophy, A.L.S.) | <input type="checkbox"/> Other injuries (drowning,
choking, home or work
related)
<input type="checkbox"/> Obesity/overweight
<input type="checkbox"/> Lung disease
(emphysema, etc.)
<input type="checkbox"/> Sexually transmitted
diseases (STDs)
<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Stroke
<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Other _____ |
|---|---|--|

Unhealthy Behaviors

3. These next questions are about unhealthy behaviors that some individuals do that have the largest impact on the community as a whole. Please look at this list of unhealthy behaviors. Pick top unhealthy behaviors in this county. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see an unhealthy behavior that you consider one of the most important, please let us know by listing it under “other”.

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol abuse
<input type="checkbox"/> Illegal drug abuse
<input type="checkbox"/> Prescription drug abuse
<input type="checkbox"/> Having unsafe sex
<input type="checkbox"/> Lack of exercise
<input type="checkbox"/> Not getting immunizations
(“shots”) to prevent disease
<input type="checkbox"/> Not using child safety seat | <input type="checkbox"/> Not using seat belts
<input type="checkbox"/> Not going to a dentist for
preventive check-ups / care
<input type="checkbox"/> Not going to the doctor for
yearly check-ups & screenings
<input type="checkbox"/> Not getting prenatal
(pregnancy) care
<input type="checkbox"/> Reckless/Distracted riving | <input type="checkbox"/> Not washing hands
<input type="checkbox"/> Poor eating habits
<input type="checkbox"/> Drunk driving
<input type="checkbox"/> Smoking/tobacco use
<input type="checkbox"/> Suicide
<input type="checkbox"/> Violent behavior
<input type="checkbox"/> Other: _____ |
|--|--|---|

Community Issues

4. These next questions are about community-wide issues that have the largest impact on the overall quality of life in Moore County. Please look at this list of community issues. Pick the community issues that have the greatest effect on quality of life in this county. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a community problem you consider one of the most important, please let us know by listing it under “other”.

- | | |
|---|--|
| <input type="checkbox"/> Animal control issues | <input type="checkbox"/> Availability of healthy family activities |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Availability of positive teen activities |
| <input type="checkbox"/> Affordability of health services | <input type="checkbox"/> Neglect and abuse (Specify type) |
| <input type="checkbox"/> Availability of healthy food choices | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Pollution (air, water, land) |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Low income/poverty |
| <input type="checkbox"/> Inadequate/unaffordable housing | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Lack of transportation options |
| <input type="checkbox"/> Lack of culturally appropriate health services. | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Lack of health care providers | <input type="checkbox"/> Unsafe, un-maintained roads |
| <input type="checkbox"/> What kind? _____ | <input type="checkbox"/> Unhealthy/unsafe home conditions |
| <input type="checkbox"/> Lack of recreational facilities (parks, trails, community centers, etc.) | <input type="checkbox"/> Violent crime (murder, assault, etc.) |
| <input type="checkbox"/> Lack of law enforcement | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Secondhand smoke | <input type="checkbox"/> Gang issues |
| <input type="checkbox"/> Work safety | <input type="checkbox"/> Youth crime |
| | Other: _____ |

PART 2: Personal Health

Now I am going to ask you some questions about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

5. Where do you get most of your health-related information? Please choose only one.

- | | | |
|--|---|---|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Hospital | <input type="checkbox"/> School |
| <input type="checkbox"/> Doctor/nurse/pharmacist | <input type="checkbox"/> Help lines (telephone) | <input type="checkbox"/> Church |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Free Care Clinic | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Television | <input type="checkbox"/> Social media (twitter, facebook) | |

6. Where do you go most often when you are sick or need advice about your health? Here are some possibilities. Choose the one that you usually go to.

- | | |
|---|---|
| <input type="checkbox"/> Doctor's office/medical clinic | <input type="checkbox"/> Veterans Administration Clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Hospital/Emergency Room | <input type="checkbox"/> Free Care Clinic |
| <input type="checkbox"/> Other: <input type="text"/> | |

7. Are you covered by a health insurance plan? ☐ Yes ☐ No
If yes, what type of coverage do you have?

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Medicare (includes supplemental policy) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Private insurance (Ex: BCBS, Aetna, Cigna, etc...) | <input type="checkbox"/> Tricare/VA |
| <input type="checkbox"/> Other | |

If yes, are there any concerns you have about your health care coverage?

- | |
|---|
| <input type="checkbox"/> High deductibles |
| <input type="checkbox"/> High co-pays |
| <input type="checkbox"/> High prescription costs |
| <input type="checkbox"/> Other <input type="text"/> |

8. In the past 12 months, did you ever have a problem getting the health care you needed from any type of health care provider or facility?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (now skip to question #10) |
|------------------------------|--|

9. If you did have a problem or you were to have a problem, please indicate on the list below your challenges. You can choose as many of these as you need to. If there was a problem you had that we do not listed, please let us know by including it under "other".

- a. ☐ I didn't have health insurance.
- b. ☐ My insurance wouldn't pay for what I needed.
- c. ☐ My share of the cost (deductible/co-pay) was too high.
- d. ☐ Doctor would not take my insurance or Medicaid.
- e. ☐ I could not afford the cost.
- f. ☐ I didn't have a way to get there.
- g. ☐ I didn't know where to go.
- h. ☐ I couldn't get an appointment.
- i. ☐ Other: _____

10. Please identify which county you seek routine health care in most often?

- a. ☐ Moore
- b. ☐ Montgomery
- c. ☐ Richmond
- d. ☐ Randolph
- e. ☐ Stanly
- f. ☐ Scotland
- g. ☐ Cumberland
- h. ☐ Hoke
- i. ☐ Other: _____

11. In the past 12 months, did you have a problem filling a medically necessary prescription?

☐ Yes

☐ No (now skip to question #13)

12. Since you said "yes", which of these problems did you have? You can choose as many of these as you need to. If there was a problem you had that we do not have here, please tell us under "other".

- a. ☐ I didn't have health insurance.
- b. ☐ My insurance didn't cover what I needed.
- c. ☐ My share of the cost (deductible/co-pay) was too high.
- d. ☐ Pharmacy would not take my insurance or Medicaid.
- e. ☐ I didn't have a way to get there.
- f. ☐ I didn't know where to go.
- g. ☐ Other: _____

13. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who would you tell them to call or talk to? Here are some possibilities. You can choose as many as you want. Which do you think you would choose?

- | | |
|---|---|
| a. <input type="checkbox"/> Private counselor or therapist | e. <input type="checkbox"/> Doctor |
| b. <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | f. <input type="checkbox"/> Minister/religious official |
| c. <input type="checkbox"/> School counselor | g. <input type="checkbox"/> Other: _____ |
| d. <input type="checkbox"/> Don't know | |

14. During a normal week, do you engage in any exercise activity (other than work) that lasts at least a half an hour?

☐ Yes ☐ No (now skip to question #17)

15. Since you said yes, how many times would you say you engage in this activity during a normal week?

- a. ☐ 1 to 2 times/week
b. ☐ 3 to 4 times/week
c. ☐ 5 to 6 times/week
d. ☐ 7 or more times/week

16. Where do you go to exercise or engage in physical activity? Check all that apply.

- | | |
|--|---|
| a. <input type="checkbox"/> Park | f. <input type="checkbox"/> Home |
| b. <input type="checkbox"/> Public Recreation Center | g. <input type="checkbox"/> Senior Center |
| c. <input type="checkbox"/> School | h. <input type="checkbox"/> Church |
| d. <input type="checkbox"/> Gym/Fitness Center | i. <input type="checkbox"/> Other: _____ |
| e. <input type="checkbox"/> Greenway trails | |

17. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- | | |
|--|--|
| a. <input type="checkbox"/> My job is physical or hard labor | f. <input type="checkbox"/> It costs too much to exercise
(equipment, shoes, gym costs) |
| b. <input type="checkbox"/> Exercise is not important to me. | g. <input type="checkbox"/> I'm too tired to exercise. |
| c. <input type="checkbox"/> I don't have access to a facility that has
the things I need, like a pool, golf course,
or a track or no safe place to exercise. | h. <input type="checkbox"/> I'm physically disabled. |
| d. <input type="checkbox"/> I don't have enough time to exercise. | i. <input type="checkbox"/> Other: _____ |
| e. <input type="checkbox"/> I don't like to exercise. | |

18. How many hours per day do you watch TV, play video games, or use the computer, tablet, or a smart phone for recreation?

☐ 0-1 hour ☐ 2-3 hours ☐ 4-5 hours ☐ 6+ hours

19. Do you utilize any local farmer's markets?

☐ Yes (now skip to #21) ☐ No (go to #20)

20. If no, why would you not utilize a local farmer's market?

- ☐ Inconvenient ☐ Too expensive ☐ Rather shop elsewhere
- ☐ Market hours don't meet my needs ☐ Don't eat fruits and vegetables
- ☐ Location is inconvenient/transportation is an issue ☐ Don't have items/variety I'm looking for
- ☐ Not aware of markets in my area/where they are located
- ☐ Other _____

21. Are you exposed to secondhand smoke in any of the following places (*Check all that apply*)?

- a. ☐ Home
- b. ☐ Workplace
- c. ☐ Church
- d. ☐ Automobile
- e. ☐ Other: _____
- f. ☐ I am not exposed to secondhand smoke.

22. Do you currently smoke? ☐ Yes ☐ No
Do you currently use other tobacco products including vape devices? ☐ Yes ☐ No
(If no to both, skip to question #24)

23. If yes, where would you go for help if you wanted to quit?

- | | |
|---|--|
| a. <input type="checkbox"/> Quit Now NC | f. <input type="checkbox"/> Health Department |
| b. <input type="checkbox"/> Doctor | g. <input type="checkbox"/> Hospital |
| c. <input type="checkbox"/> Church | h. <input type="checkbox"/> Other: _____ |
| d. <input type="checkbox"/> Pharmacy | i. <input type="checkbox"/> Not applicable; I don't want to quit |
| e. <input type="checkbox"/> Private counselor/therapist | |

24. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following conditions?

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| a. Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Depression or anxiety disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. High blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. High cholesterol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Diabetes (not during pregnancy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Osteoporosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Overweight/Obesity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

25. Do you have children between the ages of 9 and 19?

____ Yes (*now go to question #26*)

____ No (*now skip to question #30*)

26. Would you be interested in allowing your child to walk to school if there was a safe route?

____ Yes

____ No

27. Do you think your child is engaging in any of the following high risk behaviors I am about to read? (*Please answer yes or no after each behavior. Read the list and check all that apply.*)

a.____ Alcohol Use

e.____ Eating Disorders

h.____ Drug Abuse

b.____ Tobacco Use

f.____ Sexual activity

i.____ Distracted driving/speeding

c.____ Gangs

g.____ Criminal activities

j.____ Skipping school

k. ____ Don't know

l.____ I don't think my child is engaging in any high risk behaviors.

***We are aware that there are other risky behaviors. For the purposes of this survey, however, we are only requesting information about these 9 behaviors or none at all.)**

28. Are you comfortable talking to your child about the risky behaviors we just asked about?

____ Yes

____ No

29. Do you think your child or children need more information about the following problems: *Check all that apply.*

a.____ Alcohol

e.____ Eating Disorders

i.____ Distracted driving/speeding

b.____ Tobacco

f.____ Sexual activity/teen pregnancy

j.____ Mental health issues/suicide

c.____ HIV

g.____ STDs

k.____ Internet safety

d.____ Birth Control

h. ____ Drug Abuse

l.____ Dating violence

m.____ Bullying

n.____ Other

Part 3. Emergency Preparedness

30. Does your household have working smoke and carbon monoxide detectors? (*Mark only one.*)

Yes, smoke detectors only ____

Yes, carbon monoxide detectors only ____

Yes, both ____

No ____

31. Does your household have a Family Emergency Plan? (This would be a plan that includes ways to get to safe locations for relevant emergencies, communication during an emergency, staying safe during an emergency, establishing a meeting place if you had to leave your home during an emergency, etc.)

_____ Yes _____ No

32. Does your family have a basic emergency supply kit? If yes, how many days do you have supplies for? (This would be an emergency kit that has been prepared ahead of time. A kit usually can contain a supply of food, water, a flashlight, batteries, a weather radio, first aid kit, along with any other basic supplies needed during an emergency).

___ No ___ 3 days ___ 1 week ___ 2 weeks ___ More than 2 weeks

Part 4. Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

33. How long have you lived in this county?

_____ less than one year _____ 1 – 5 years _____ 6 – 10 years
_____ more than 10 years _____ my whole life

34. How old are you? (Mark age category.)

_____ 18 - 24 _____ 35 - 44 _____ 55 - 64 _____ 75 or older
_____ 25 - 34 _____ 45 - 54 _____ 64 – 74

35. Are you Male or Female?

_____ Male _____ Female

36. Are you of Hispanic origin?

_____ Yes _____ No

37. What is your race?

_____ Black or African American _____ American Indian or Alaskan Native
_____ Asian or Pacific Islander _____ White
_____ Other: _____

38. A. Do you speak a language other than English at home?

___ Yes ___ No

B. If yes, what language do you speak at home? _____

39. What is the highest level of school, college or vocational training that you have finished? (Mark only one.)

- ☐ Some high school, no diploma
- ☐ High school diploma or GED
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other: _____

40. How many people live in your household? _____

41. What is your employment status? Check all that apply.

- | | |
|--|---|
| a. <input type="checkbox"/> Employed full-time | f. <input type="checkbox"/> Disabled |
| b. <input type="checkbox"/> Employed part-time | g. <input type="checkbox"/> Student |
| c. <input type="checkbox"/> Retired | h. <input type="checkbox"/> Homemaker/Stay at Home Parent |
| d. <input type="checkbox"/> Military | i. <input type="checkbox"/> Self-employed |
| e. <input type="checkbox"/> Unemployed | |

42. Do you have access to the Internet or own a smart phone?

☐ Yes ☐ No

43. What is your zip code? (Write only the first 5 digits.) _____

44. Are you a member of a faith organization? ☐ Yes ☐ No

2019 Encuesta de Salud de la Comunidad Del Condado Moore

Parte 1: Problemas y Asuntos de la Comunidad Problemas de Salud

1. En relación con la comunidad, como es el lugar para vivir?

_____ Excelente _____ Bueno _____ Justo _____ Pobre

2. Estas próximas preguntas son sobre problemas que tienen mayor impacto en la comunidad en su totalidad. Por favor vea esta lista de problemas de salud. Yo quiero que usted escoja los problemas de salud más importantes en este condado. Usted puede escoger hasta 5. Recuerdese que esta es su opinión y las respuestas no serán relacionado con usted en ninguna manera. Si usted no ve un problema de salud que usted piensa que es importante, por favor déjeme saber y yo lo anotare en la lista. También puedo leérselos mientras usted piensa en ellos.

_____ Problemas de envejecimiento (Alzheimer's, arthritis, pérdida de oír o la vision, etc.)

_____ Asma

_____ Defectos de nacimiento

_____ Cáncer

Que tipo? _____

_____ Salud dental de adulto

_____ Salud dental de niños

_____ Diabetes

_____ Heridas de pistolas

_____ Enfermedad de

corazón/ataques de corazón

_____ Hipertensión

_____ Autismo

_____ Muerte

_____ Infecciones/Enfermedades

Contagioso (TB, salmonela,

Neumonía, gripa, etc.)

_____ Enfermedad de riñones

_____ Enfermedad del hígado

_____ Salud Mental (depresión, esquizofrenia, suicidio, etc.)

_____ Accidentes de Vehículo

_____ Trastornos Neurológicos (Esclerosis Múltiple, Distrofia muscular, A.L.S.)

_____ Otros Heridas

(ahogamiento,

asfixia, en la

casa o el trabajo)

_____ Obesidad/sobre peso

_____ Enfermedad de pulmones (enfisema, etc.)

_____ Enfermedades

Transmitido Sexualmente

(STDs)

_____ VIH/CIDA

_____ Derrame cerebral

_____ Embarazo de Adolescente

_____ Otro _____

Conductas de Alto Riesgo

3. Estas próximas preguntas son sobre conductas de alto riesgo que tienen mas impacto en la comunidad total. Por favor vea a la lista de conducta de alto riesgo. Escoge las mayores conductas de alto riesgo en este condado. Por favor escoge hasta 5. Recuerde que esta es su opinión y sus respuestas no serán asociados con usted en ninguna forma. Si usted no ve una conducta de alto riesgo que consideras uno de los mayores, por favor déjeme saberlo y lo apuntare en la lista. También puedo leérselos en voz alta mientras lo piensas.

_____ Abuso de alcohol

_____ Abuso de drogas ilegales

_____ Abuso de drogas recetadas

_____ Sexo sin protección

_____ Falta de ejercicio

_____ No usar cinturón de auto

_____ No ir al dentista para chequeos preventivos/cuidado

_____ No lavarse las manos

_____ No comer saludable

_____ Manejar ebrio

_____ Fumar/uso de tabaco

___ Falta de vacunaciones para
prevención de enfermedades
___ No usar asientos de Niños

___ No ir al medico para chequeos
anuales y revisiones
___ No recibir cuidado prenatal
___ Manejar sin Cuidado/Distraído

___ Suicidio
___ Comportamiento Violento
___ Otro: _____

Asuntos de la Comunidad

4. **Estas próximas preguntas son sobre asuntos de toda la comunidad que tienen el mayor impacto en la calidad de vida total en el Condado Moore. Por favor vea a esta lista de asuntos de la comunidad. Escoge los asuntos de la comunidad que tienen el mayo efecto en la calidad de vida en este condado. Por favor escoge hasta 5. Recuerde que esta es su opinión y sus elecciones no serán asociados con usted en ninguna forma. Si usted no ve un problema en la comunidad que usted considera muy importante, por favor déjeme saber para ponerlo en la lista. También puedo leérselos en voz alta mientras lo piensas.**

___ Asuntos de Control de Animales
___ Disponibilidad de Guardería de Niños
___ Servicios de Salud Económicos
___ Disponibilidad de comidas saludables
___ Bioterrorismo
___ Abandonar la escuela
___ Estar sin Hogar
___ Inadecuado/Irrazonable Vivienda
___ Falta de/inadecuado Seguro de Salud
___ Falta de servicios de Salud que son culturalmente adecuados
___ Falta de Proveedor del Cuidado de Salud

Que tipo? _____

___ Falta de Instalaciones Recreativos,
(Parques, caminos, centros comunitarios,
etc.)
___ Falta de Orden publico
___ Alfabetización
___ Humo secundario
___ Seguridad en el Trabaj

___ Disponibilidad de Actividades
Saludables con la Familia
___ Disponibilidad de Actividades
Positivos para Adolescentes
___ Negligencia y abuso (Especifique el
Tipo)
___ Abuso de Anciano
___ Abuso de Nino
___ Polución (De aire, agua, tierra)
___ Bajo de ingresos/pobreza
___ Racismo
___ Falta de opciones de transportación
___ Desempleo
___ Carreteras Inseguras, sin mantención
___ Condiciones de Hogar Insaludables/
Inseguros
___ Crimen (asesinato, asalto, etc.)
___ Violación/asalto sexual
___ Violencia Domestica
___ Asuntos de pandillas
___ Crimen de jóvenes
Otro: _____

PART 2: Salud Personal

Ahora les voy hacer unas preguntas sobre su propia salud personal. Recuerde, las respuestas que das para esta encuesta no serán asociados con usted en ninguna manera.

5. **Adonde encuentras la mayoría de su información sobre la salud? Por favor escoge solo uno.**

___ Amigos y familia
Escuela

___ Hospital

☐ Medico/Enfermera/Farmacéutico ☐ Líneas de ayuda (teléfono)
☐ Iglesia
☐ Internet ☐ Libros/revistas ☐ Periódico
☐ Departamento de Salud ☐ Clínica de Salud Gratuita ☐
 Otro ☐
☐ Televisión ☐ Red Social (twitter, facebook)

6. Adonde va mas seguido cuando estas enfermo o necesitas consejo sobre su salud? Aquí hay unas posibilidades. Escoge adonde siempre va.

☐ Oficina de Medico/Clínica de Salud ☐ Clínica de Veteranos
☐ Departamento de Salud ☐ Centro de Cuidado Urgente
☐ Hospital/Sala de Emergencia ☐ Clínica de Salud Gratuita
☐ Otro: _____

7. Tiene cobertura de un plan de Seguro Medico? ☐ Si ☐ No
Si afirmativo, que tipo de cobertura tiene?

☐ *Medicare (incluye póliza suplemental)* ☐ *Medicaid*
☐ *Seguro Privado (Ex: BCBS, Aetna, Cigna, etc...)* ☐ *Tricare/VA*
☐ *Otro*

Si afirmativo, tienes alguna preocupación sobre su cobertura de salud?

☐ *Deducibles altos*
☐ *Co-pays Altos*
☐ *Costos Altos de Recetas*
☐ *Otro* _____

8. En los últimos 12 meses, tuvo algún problema en obtener el cuidado de salud que necesitabas de algún proveedor del cuidado de salud o instalación?

☐ Si ☐ No (*Pase a la pregunta #10*)

9. Si usted tuvo problemas o si tuviera un problema, por favor indique abajo sus obstáculos. Puedes escoger todos los que quieras. Si usted tuvo un problema que no tenemos anotado aquí, por favor díganos y yo lo escribo abajo.

- a. ☐ No tenia seguro medico.
- b. ☐ Mi seguro no pagaba lo que necesitaba.
- c. ☐ Mi parte del costo (deducible/co-pay) era muy alta.
- d. ☐ El medico no aceptaba mi seguro o Medicaid.
- e. ☐ No pude pagar el costo.
- f. ☐ No tenía como llegar al lugar.
- g. ☐ No sabia adonde ir.
- h. ☐ No pude conseguir la cita.
- i. ☐ Otro: _____

10. Por favor, indique el condado que va usted mas seguido para su cuidado de salud rutinaria?

- a. ☐ Moore
- b. ☐ Montgomery
- c. ☐ Richmond
- d. ☐ Randolph
- e. ☐ Stanly
- f. ☐ Scotland
- g. ☐ Cumberland
- h. ☐ Hoke
- i. ☐ Otro: _____

11. En los últimos 12 meses, tuvo usted problemas sacando una receta que eran médicamente necesaria?

☐ Si ☐ No (pase a la pregunta #13)

12. Como su respuesta fue “Si”, cual de los problemas tuvo? Usted puede escoger todos que son aplicables. Si usted tuvo un problema que no tenemos anotado aquí, por favor díganos y yo lo escribiré abajo.

- h. ☐ No tenia seguro medico.
- i. ☐ Mi seguro no pagaba lo que necesitaba.
- j. ☐ Mi parte del costo (deducible/co-pay) era muy alta.
- k. ☐ La farmacia no aceptaba mi seguro o Medicaid.
- l. ☐ No tenía como llegar al lugar.
- m. ☐ No sabia adonde ir.
- n. ☐ Otro: _____

13. Si un amigo o miembro de familia necesitaba asesoramiento para un problema de salud mental o de abuso de droga/alcohol, a quien le sugerías que ellos hablen o llamen? Aquí hay unas posibilidades. Puede escoger todas las que quiera. Cuales cree que usted escogería?

- a. ☐ Terapeuta/Consejero Privado
- b. ☐ Grupo de Apoyo (e.g., AA, Al-Anon)
- c. ☐ Consejera de Escuela
- d. ☐ No se.
- e. ☐ Medico
- f. ☐ Pastor/funcionario religioso
- g. ☐ Otro: _____

14. Durante una semana normal, usted dedica tiempo e alguna actividad física que dura por lo menos una media hora:

☐ Si ☐ No (pase a la pregunta #17)

15. Como su respuesta fue “Si”, cuantas veces dirías que usted dedica a esta actividad durante una semana normal?

- a. ☐ 1 a 2 veces/semanal
- b. ☐ 3 a 4 veces/semanal
- c. ☐ 5 a 6 veces/semanal
- d. ☐ 7 o mas veces/semanal

16. Adonde va a ser ejercicio o alguna actividad física? Marque todos que apliquen.

- a. ☐ Parque e. ☐ Hogar
 b. ☐ Centro de Recreación Publico f. ☐ Centro de Anciano
 c. ☐ Gimnasio/Centro de salud físico g. ☐ Otro: _____
 d. ☐ Caminos de espacio verde

17. Como su respuesta fue “No”, cuales son sus razones por no hacer ejercicio por lo menos media hora durante una semana normal: Puedes dar todas las respuestas que quiera.

- a. ☐ Mi trabajo es físico o duro f. ☐ Cuesta mucho hacer ejercicio
 (equipo, zapatos, costo de gimnasio)
 b. ☐ No me importa el ejercicio. g. ☐ Estoy muy cansada para hacer ejercicio.
 c. ☐ No tengo acceso a una instalación que h. ☐ Soy discapacitada físicamente.
 Tiene lo que necesito, como piscina, i. ☐ Otro:

 Campo de golf, o hipódromo o lugar seguro para hacer ejercicio.
 d. ☐ No tengo tiempo suficiente para hacer ejercicio.
 e. ☐ No me gusta hacer ejercicio.

18. Cuantas horas por día ve televisión, juega juegos de video, o usas la computadora para su recreación?

☐ 0-1 hora ☐ 2-3 horas ☐ 4-5 horas ☐ 6+ horas

19. Usted utiliza los mercados de todo agricultor local?

☐ Si (pase a la pregunta 21) ☐ No (continúe con la pregunta 20)

20. Por qué no utilizar un mercado local de agricultores?

☐ Inconveniente ☐ Muy caro ☐ más bien comprar en otra parte

☐ las horas de mercado no cumplen mis necesidades ☐ No como frutas y verduras

☐ mala ubicación/no hay transporte ☐ No tengo lo que busco

☐ no tiene conocimiento de los mercados en mi área

☐ otro _____

21. Usted esta expuesta a humo de cigarro de segunda mano en alguno de estos lugares (marque todos los que apliquen)

- a. ☐ Hogar
 b. ☐ Lugar de trabajo
 c. ☐ Iglesia
 d. ☐ automóvil
 e. ☐ otro _____
 f. ☐ no estoy expuesta a humo de cigarro de segunda mano.

22. Usted fuma actualmente? ☐ Si ☐ No

Usted usa algún tipo de tabaco? ☐ Si ☐ No

(Si contesto no a las dos preguntas anteriores pase a la pregunta 24)

23. Si usted contesto que si a donde usted recurrirá para pedir ayuda para dejar de fumar?

- | | |
|---|--|
| a. <input type="checkbox"/> Dejar de fumar ahora NC (quit now NC) | f. <input type="checkbox"/> Departamento de Salud |
| b. <input type="checkbox"/> Doctor | g. <input type="checkbox"/> hospital |
| c. <input type="checkbox"/> Iglesia | H. <input type="checkbox"/> Otro _____ |
| d. <input type="checkbox"/> Farmacia | |
| e. <input type="checkbox"/> Consejero privado o terapeuta
cigarro. | I. <input type="checkbox"/> No me aplica: no quiero dejar el |

24. A usted se le a informado mediante un doctor, enfermera o algún otro proveedor profesional de salud de que usted tenga alguna de estas condiciones.

- | | |
|--------------------------------------|-------------------|
| a. Asma | _____ Si _____ No |
| b. Depresión, trastorno de ansiedad. | _____ Si _____ No |
| c. Hipertensión (presión alta) | _____ Si _____ No |
| d. colesterol alto | _____ Si _____ No |
| e. Diabetes (no durante el embarazo) | _____ Si _____ No |
| f. Osteoporosis | _____ Si _____ No |
| g. Sobrepeso/obesidad | _____ Si _____ No |

25. Tiene Hijos entre las edades de 9 y 19?

_____ Si (continúe con la pregunta 26) _____ No (pase a la pregunta 30)

26. Estaría usted interesado en permitir que su hijo camine a su escuela si hubiera alguna ruta segura?

_____ Si _____ No

27. Usted sospecha que su hijo este realizando algunas de las siguientes conductas de alto riesgo

- | | | |
|---|---|--|
| a. <input type="checkbox"/> Uso de alcohol | e. <input type="checkbox"/> Trastorno de alimentación | h. <input type="checkbox"/> Abuso de drogas |
| b. <input type="checkbox"/> Uso de tabaco | F. <input type="checkbox"/> Actividades sexuales | i. <input type="checkbox"/> Conducir distraídamente /
exceso de velocidad |
| c. <input type="checkbox"/> Pandillas | g. <input type="checkbox"/> Actividades criminales | J. <input type="checkbox"/> Falta ala escuela |
| d. <input type="checkbox"/> No se si mi hijo esta realizando alguna conducta de alto riesgo | | |

Nosotros estamos consientes de que hay otros factores o conductas de alto riesgo. Para los fines de este estudio solo estamos obteniendo información sobre estos 9 factores.

28. Usted se siente cómodo al hablar de los factores de alto riesgo que se mencionaron anteriormente?

_____ Si _____ No

29. Usted piensa que su hijo (a) necesita mas información sobre los siguientes problemas?

- | | |
|--|--|
| a. <input type="checkbox"/> Alcohol | e. <input type="checkbox"/> Trastorno de alimentación |
| b. <input type="checkbox"/> tabaco | f. <input type="checkbox"/> Actividad sexual/Embarazo adolescente |
| c. <input type="checkbox"/> VIH | g. <input type="checkbox"/> ETS (enfermedades trasmitidas sexualmente) |
| d. <input type="checkbox"/> Control de planificación | h. <input type="checkbox"/> Abuso de drogas |
| i. <input type="checkbox"/> conductor distraído | j. <input type="checkbox"/> Problemas de salud Mentales/ suicidio |

k. ___Seguridad en el Internet

l. ___ Violencia en el noviazgo

m. ___otra manera

Parte 3. Preparación Para Emergencia

30. Su casa tiene detector de humo y monóxido de carbono que funcionen?

Si. ___ Solo Detector de humo Si, ___ solo detector monóxido de carbono

31. Tiene su grupo un plan de emergencia familiar?

___Si ___No

32. Su grupo familiar tiene un botiquín de primeros auxilios? En caso afirmativo cuantos tiene y para cuantos días?

___No ___3 días ___1 Semana ___2 Semanas ___ mas de 2 semanas

Parte 4. Cuestiones demográficas

Las siguientes preguntas son generalmente sobre usted, Lo que solo se usara solo como un resumen de todas las respuestas de los participantes de esta encuesta. Sus respuestas serán anónimas.

33. Cuanto tiempo tiene viviendo en este Condado?

___menos de un año ___1-5 años ___6-10 años ___mas de 10 años ___ Toda mi vida

34. Cual es su edad? (Marque una categoría)

___18-24 ___35-44 ___55-65
___25-34 ___45-54 ___64-74 ___ 75 años o más

35. Es usted Hombre o Mujer?

___Hombre ___Mujer

36. Es usted de origen Hispano?

___Si ___No

37. Cual es su raza?

___Mulato o Americano Africano ___Indio Americano O Nativo de Alaska
___Isleño del pacifico ___Blanco ___ o de otro

38. Habla usted algún otro idioma aparte del Ingles en su hogar?

___Si ___No

Si afirmativo cual otro idioma habla en casa? _____

39. Cual es el nivel más alto de educación que usted completo, Universidad o escuela de formación personal?

___Unos años de escuela secundaria pero sin diploma

___Diploma de secundaria o secundaria para adultos

___una licenciatura o escuela de formación personal

___Unos años de Universidad (sin titulo)

___Grado de licenciatura

___Titulo de posgrado o profesional

40. Cuantas personas viven con usted? _____

41. Cual es su situación laboral? Le voy a leer una lista de opciones. Dígame cual aplica a usted

a. ___Empleado de tiempo completo

f. ___incapacitado

b. ___Empleado de medio tiempo

g. ___Estudiante

c. ___Pensionado

h. ___ama de casa

e. ___Militar

i. ___trabajador por su propia cuenta

42. Tiene acceso al Internet o poseer un teléfono inteligente? _____Si No_____

43. Cual es su código postal? (Solo escriba los 5 dígitos)_____

44. Es miembro de una organización religiosa? ___Si ___No

2019 Moore County Community Health Assessment Survey: Results

1. Thinking about your community, what kind of place is it to live?

Response	Percentage
Excellent	55.0%
Good	32.0%
Fair	11.0%
Poor	2.0%

2. What are the most important health problems in this county that have the largest impact on the community as a whole?

Response	Percentage
Aging Problems	11.0%
Asthma	0.4%
Birth Defects	0.1%
Cancer	12.3%
Adult Dental Health	4.0%
Child Dental Health	1.5%
Diabetes	7.4%
Gun-Related Injuries	2.9%
Heart Disease/Heart Attacks	9.1%
High Blood Pressure	10.7%
Autism	1.0%
Infant Death	0.6%
Infectious/Contagious Diseases	0.7%
Kidney Disease	0.5%
Liver Disease	0.1%
Mental Health	9.2%
Motor Vehicle Accidents	4.4%
Neurological Disorders	1.2%
Other Injuries	0.5%
Obesity/Overweight	10.7%
Lung Disease	1.6%
Sexually Transmitted Diseases (STDs)	3.0%
HIV/AIDS	0.5%
Stroke	3.0%
Teen Pregnancy	3.3%
Other	0.3%

3. Which unhealthy behaviors that some individuals do in this county have the largest impact on the community as a whole?

Response	Percentage
Alcohol Abuse	12.5%
Illegal Drug Abuse	11.1%
Prescription Drug Abuse	13.2%
Having Unsafe Sex	3.4%
Lack of Exercise	9.9%
Not Getting Immunizations	6.0%
Not Using Child Safety Seats	0.5%
Not Using Seat Belts	3.2%
Not Going to the Dentist for Preventative Check-Ups/Care	4.1%
Not Going to the Doctor for Yearly Check-Ups/Screenings	5.0%
Not Getting Prenatal Care	0.4%
Reckless/Distracted Driving	5.3%
Not Washing Hands	0.6%
Poor Eating Habits	7.1%
Drunk Driving	5.7%
Smoking/Tobacco Use	8.5%
Suicide	1.9%
Violent Behavior	1.2%
Other	0.4%

4. Which community-wide issues have the largest impact on the quality of life in this county?

Response	Percentage
Animal Control Issues	1.4%
Availability of Child Care	2.7%
Affordability of Health Services	7.2%
Availability of Healthy Food Choices	5.0%
Bioterrorism	0.2%
Dropping Out of School	2.8%
Homelessness	3.4%
Inadequate/Unaffordable Housing	3.4%
Lack of/Inadequate Health Insurance	5.6%
Lack of Culturally Appropriate Health Services	0.3%
Lack of Health Care Providers	0.9%
Lack of Recreational Facilities	7.8%
Lack of Law Enforcement	1.2%
Literacy	0.2%
Secondhand Smoke	2.6%
Work Safety	0.6%
Availability of Healthy Family Activities	5.3%
Availability of Positive Teen Activities	7.5%
Elder Abuse	2.1%
Child Abuse	0.8%
Pollution	3.1%
Low Income/Poverty	9.2%
Racism	1.0%
Lack of Transportation Options	6.4%
Unemployment	5.3%
Unsafe/Un-maintained Roads	0.6%
Unhealthy/Unsafe Home Conditions	0.8%
Violent Crime (Murder, Assault, Etc.)	1.8%
Rape/Sexual Assault	0.5%
Domestic Violence	4.2%
Gang Issues	2.2%
Youth Crime	3.2%
Other	1.0%

5. Where do you get most of your health related information?

Response	Percentage
Friends and Family	13.3%
Doctor/Nurse/Pharmacist	31.4%
Internet	28.6%
Health Department	4.3%
Television	2.8%
Hospital	3.8%
Help Lines (Phone)	0.0%
Books/Magazines	4.8%
Free Care Clinic	1.9%
Social Media	3.3%
School	1.0%
Church	0.0%
Newspaper	2.8%
Other	2.0%

6. Where do you go most often if you're sick or need advice about your health?

Response	Percentage
Doctor's Office/Medical Clinic	76.5%
Health Department	4.0%
Hospital/Emergency Room	8.1%
Veterans Administration Clinic	0.9%
Urgent Care Center	7.8%
Free Care Clinic	0.9%
Other	1.8%

7a. Are you covered by health insurance?

Response	Percentage
Yes	89.0%
No	11.0%

7b. If yes, what type of coverage do you have?

Response	Percentage
Medicare (Including Supplemental)	26.1%
Private Insurance	54.8%
Medicaid	13.3%
Tricare/VA	5.4%
Other	0.4%

7c. If yes, are there any concerns you have about your health care coverage?

Response	Percentage
High Deductibles	40.5%
High Co-Pays	15.1%
High Prescription Costs	27.2%
Other:	17.2%
- Expensive	
- High Premiums	
- Need More Covered Services	
- Some Things Not Covered	

8. In the past 12 months, did you ever have a problem getting the health care you needed from any type of health care provider or facility?

Response	Percentage
Yes	10.1%
No	89.9%

9. If you did have a problem or were to have a problem, please indicate on the list below your challenges.

Response	Percentage
I didn't have health insurance	41.0%
My insurance wouldn't pay for what I needed	30.0%
My share of the cost (deductible/co-pay) was too high	15.0%
Doctor wouldn't take my insurance or Medicaid	0.0%
I could not afford the cost	11.0%
I didn't have a way to get there	0.0%
I didn't know where to go	0.0%
I couldn't get an appointment	2.0%
Other	1.0%

10. In which County do you seek routine health care most often?

Response	Percentage
Moore	83.0%
Montgomery	1.0%
Richmond	1.5%
Randolph	3.7%
Stanley	0.0%
Scotland	1.0%
Chatham	0.0%
Cumberland	5.5%
Lee	4.3%
Hoke	0.0%

11. In the past 12 months, did you have a problem filling a medically necessary prescription?

Response	Percentage
Yes	5.0%
No	95.0%

12. If you said yes, which of these problems did you have?

Response	Percentage
I didn't have health insurance	34.0%
My insurance didn't cover what I needed	25.0%
My share of cost (deductible/co-pay) was too high	30.2%
Pharmacy would not take my insurance or Medicaid	4.0%
I didn't have a way to get there	0.0%
I didn't know where to go	0.0%
Other	6.8%

13. If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who would you tell them to call or talk to?

Response	Percentage
Private Counselor or Therapist	25.8%
Support Group (e.g., AA, Nar-Anon)	17.4%
School Counselor	2.8%
Doctor	23.0%
Minister/Religious Official	10.8%
Don't Know	14.9%
Other	5.3%
- Phone Line	
- Law Enforcement	
- Nurse	

14. During a normal week, do you engage in any exercise activity that lasts at least 30 minutes?

Response	Percentage
Yes	77.0%
No	23.0%

15. Since you said yes, how many times would you say you engage in this activity during a normal week?

Response	Percentage
1 to 2 times/week	20.5%
3 to 4 times/week	37.1%
5 to 6 times/week	23.9%
7 or more times/week	18.5%

16. Where do you go to exercise or engage in physical activity?

Response	Percentage
Park	11.1%
Public Recreation Center	1.4%
Gym/Fitness Center	19.7%
Greenway Trails	7.9%
Home	53.8%
Senior Center	0.6%
Other	5.5%
Play Golf	
Work Outside	
Gardening	

17. Since you said no, what are the reasons you do not exercise at least 30 minutes per day during a normal week?

Response	Percentage
My job is physical or hard labor	13.6%
Exercise is not important to me	4.5%
I don't have access to the things I need like a pool, golf course, track, or safe place to exercise	8.0%
I don't have enough time to exercise	38.2%
I don't like to exercise	7.0%
It costs too much to exercise (shoes, equipment, gym fees)	4.1%
I'm too tired to exercise	12.3%
I'm physically disabled	7.4%
Other	4.9%

18. How many hours per day do you watch TV, play video games, or use the computer for recreation?

Response	Number	Percentage
0 to 1 hour	30	14.2%
2-3 hours	97	46.2%
4-5 hours	56	26.7%
6+ hours	27	12.9%

19. Do you utilize any local farmer's markets?

Response	Percentage
Yes	53.7%
No	46.3%

20. If no, why not?

Response	Percentage
Inconvenient	8.1%
Too Expensive	7.4%
Rather Shop Elsewhere	20.0%
Market Hours Don't Meet My Needs	30.3%
Location is an Issue	15.1%
Don't Have Items I Need/Want	13.0%
Not Aware of Where they are Located	4.0%
Other	2.1%

21. Are you exposed to secondhand smoke in any of the following places?

Response	Percentage
Home	13.1%
Workplace	5.5%
Church	0.0%
Automobile	7.4%
I am not exposed to secondhand smoke	69.5%
Other	4.5%
<i>Public</i>	
<i>Friend's Home</i>	
<i>Relatives</i>	

22. Do you currently smoke?

Response	Percentage
Yes	18.0%
No	82.0%

22b. Do you currently use other tobacco products (includes vape/e-cigs)?

Response	Percentage
Yes	14.8%
No	85.2%

23. If yes, where would you go for help if you wanted to quit?

Response	Percentage
Quit Now NC	10.6%
Doctor	19.0%
Church	0.0%
Pharmacy	4.2%
Private Counselor/Therapist	2.0%
Health Department	2.2%
Hospital	22.6%
Not applicable, I don't want to quit	16.8%
Other	22.6%
	<i>Cold Turkey</i>
	<i>Patch or Gum</i>
	<i>Vape Instead</i>

24. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following conditions?

Response	Percentage
Asthma	
Yes	10.0%
No	90.0%

Response	Percentage
Depression or Anxiety Disorder	
Yes	18.2%
No	81.8%

Response	Percentage
High Blood Pressure	
Yes	43.0%
No	57.0%

Response	Percentage
High Cholesterol	
Yes	45.2%
No	54.8%

Response	Percentage
Diabetes (not during pregnancy)	
Yes	13.3%
No	86.7%

Response	Percentage
Osteoporosis	
Yes	6.0%
No	94.0%

Response	Percentage
Overweight/Obesity	
Yes	28.8%
No	71.2%

25. Do you have children between the ages of 9 and 19?

Response	Percentage
Yes	37.6%
No	62.4%

26. Would you be interested in allowing your child to walk to school if there was a safe route?

Response	Percentage
Yes	39.0%
No	61.0%

27. Do you think your child is engaging in any of the following high risk behaviors?

Response	Percentage
Alcohol use	2.9%
Tobacco use	7.4%
Gangs	0.0%
Eating disorders	1.6%
Sexual activity	5.5%
Criminal activities	0.0%
Drug abuse	2.2%
Distracted driving/speeding	8.8%
Skipping school	0.4%
I don't think my child is engaging in any high risk behaviors	71.2%

28. Are you comfortable talking to your child about the risky behaviors listed in the previous question?

Response	Percentage
Yes	96.6%
No	3.4%

29. Do you think your child or children need more information about the following problems?

Response	Percentage
Alcohol	10.8%
Tobacco	8.4%
HIV/AIDS	4.8%
Birth Control	9.8%
Eating Disorders	2.7%
Sexual Activity/Teen Pregnancy	10.8%
STDs	7.7%
Drug Abuse	11.0%
Distracted Driving/Speeding	10.2%
Mental Health Issues/Suicide	8.4%
Internet Safety	7.2%
Dating Violence	7.3%
Other	0.9%

30. Does your household have working smoke and carbon monoxide detectors?

Response	Percentage
Yes, smoke detectors only	59.0%
Yes, carbon monoxide detectors only	0.0%
Both	38.0%
Neither	3.0%

31. Does your household have a family emergency plan?

Response	Percentage
Yes	59.2%
No	40.8%

32. Does your family have a basic emergency supply kit? If yes, how many days do you have supplies for?

Response	Percentage
No	42.0%
3 Days	23.7%
1 Week	16.4%
2 Weeks	7.2%
More than 2 Weeks	10.7%

33. How long have you lived in this county?

Response	Percentage
Less than 1 year	1.4%
1-5 years	10.2%
6-10 years	10.0%
More than 10 years	33.1%
My whole life	45.3%

34. How old are you?

Response	Percentage
18-24	4.9%
25-34	12.8%
35-44	17.9%
45-54	23.6%
55-64	18.0%
65-74	16.2%
75 or Older	6.6%

35. Are you male or female?

Response	Percentage
Male	32.2%
Female	67.8%

36. Are you of Hispanic origin?

Response	Percentage
Yes	4.4%
No	95.6%

37. What is your race?

Response	Percentage
Black/African American	13.2%
Asian or Pacific Islander	0.0%
American Indian or Alaska Native	0.7%
White	80.6%
Other	5.5%

38. Do you speak a language other than English at home?

Response	Percentage
Yes	5.7%
No	94.3%

39. If yes, what other language do you speak at home?

Response	Percentage
Spanish	91.7%
Portuguese	8.3%

40. What is the highest level of school, college, or vocational training that you have finished?

Response	Percentage
Some high school, no diploma	5.6%
High school diploma or GED	27.0%
Associate's Degree or vocational training	14.6%
Some college (no degree)	17.1%
Bachelor's Degree	21.0%
Graduate or professional degree	14.7%

41. How many people live in your household?

Response	Percentage
1	14.1%
2	30.5%
3	29.9%
4	17.6%
5	6.4%
6	1.0%
7	0.5%
8	0.0%

42. What is your employment status?

Response	Percentage
Employed full-time	38.2%
Employed part-time	9.9%
Retired	13.3%
Military	5.6%
Unemployed	8.3%
Disabled	5.5%
Student	6.3%
Homemaker	6.0%
Self-employed	6.9%

43. Do you have access to the internet or own a smart phone?

Response	Percentage
Yes	87.0%
No	13.0%

44. What is your zip code?

Response	Percentage
28315	8.3%
28326	8.1%
27259	3.2%
28350	2.9%
28347	0.0%
28373	7.1%
27341	2.9%
28374	8.1%
28370	1.2%
27325	5.4%
27376	12.0%
28387	10.5%
28388	1.8%
28394	3.6%
28327	17.4%
27242	1.1%
27281	6.4%

45. Are you a member of a faith organization?

Response	Percentage
Yes	55.4%
No	44.6%